

Name
in
Full

✓ *Martha E. Baker*

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roxbury</i>		Town		County <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec.</i>	Day <i>10th</i>	Years <i>Age 65</i>	9	Months	22	Days
Sex <i>Female</i>	Color or Race <i>White</i>			Birth-place <i>Md.</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <i>Jesse Reager</i>	Father's Birthplace <i>Md.</i>						
Mother's Maiden Name <i>Maria Speaks</i>	Mother's Birthplace <i>Va.</i>						
Name of person giving information <i>William Baker</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

2 weeks

immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. Scheeler

Hagerstown

Md.

Accident or Suicide?

Park Head rec

Name
in
Full

✓ To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Loretta Barnhart				CERTIFICATE OF DEATH			
Died at near Hancock		Town	Washington		County	MARYLAND	
Date of death	1906	Month June	Day 18	Age 53	Years	Months	Days
Sex Female	Color or Race White	Where Residing if not at place of death Died at George		Ohio			
Occupation Housewife	Name of Wife or Husband Benjamin Barnhart		Father's Birthplace Ohio				
Married, Single or Widowed Married	Father's Name John Steele		Mother's Birthplace Ohio				
Mother's Maiden Name Rosetta Johnson	Name of person giving Information Benjamin Barnhart		How related to deceased Husband.				

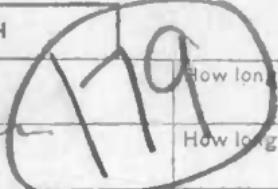
CAUSES OF DEATH

Primary

Heart failure

How long

Immediate



How long

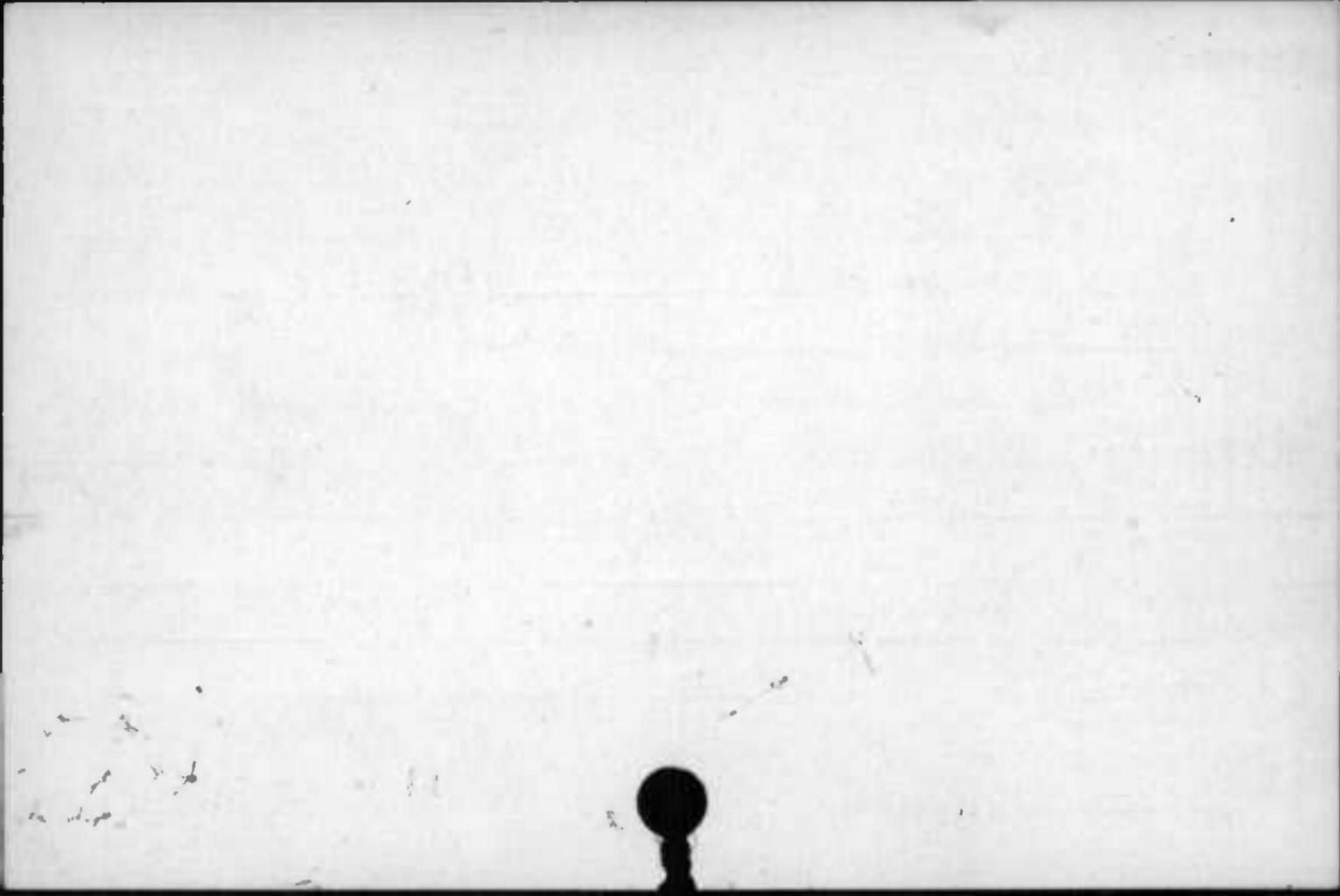
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

P. E. Delign
Hancock
Md

Accident or Suicide?



Name
in
Full

Margaret Bear.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 12	Day 25	Years 24	Months 4	Days 1
Sex	Female	Color or Race	White			
Occupation	House work		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Elmer Bear			
Father's Name	George Synder		Pa			
Mother's Maiden Name	Rachael Wright		Ma			
Name of person giving information	Elmer Bear		Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Strangulation



How long

Immediate

Exsuffocation

How long

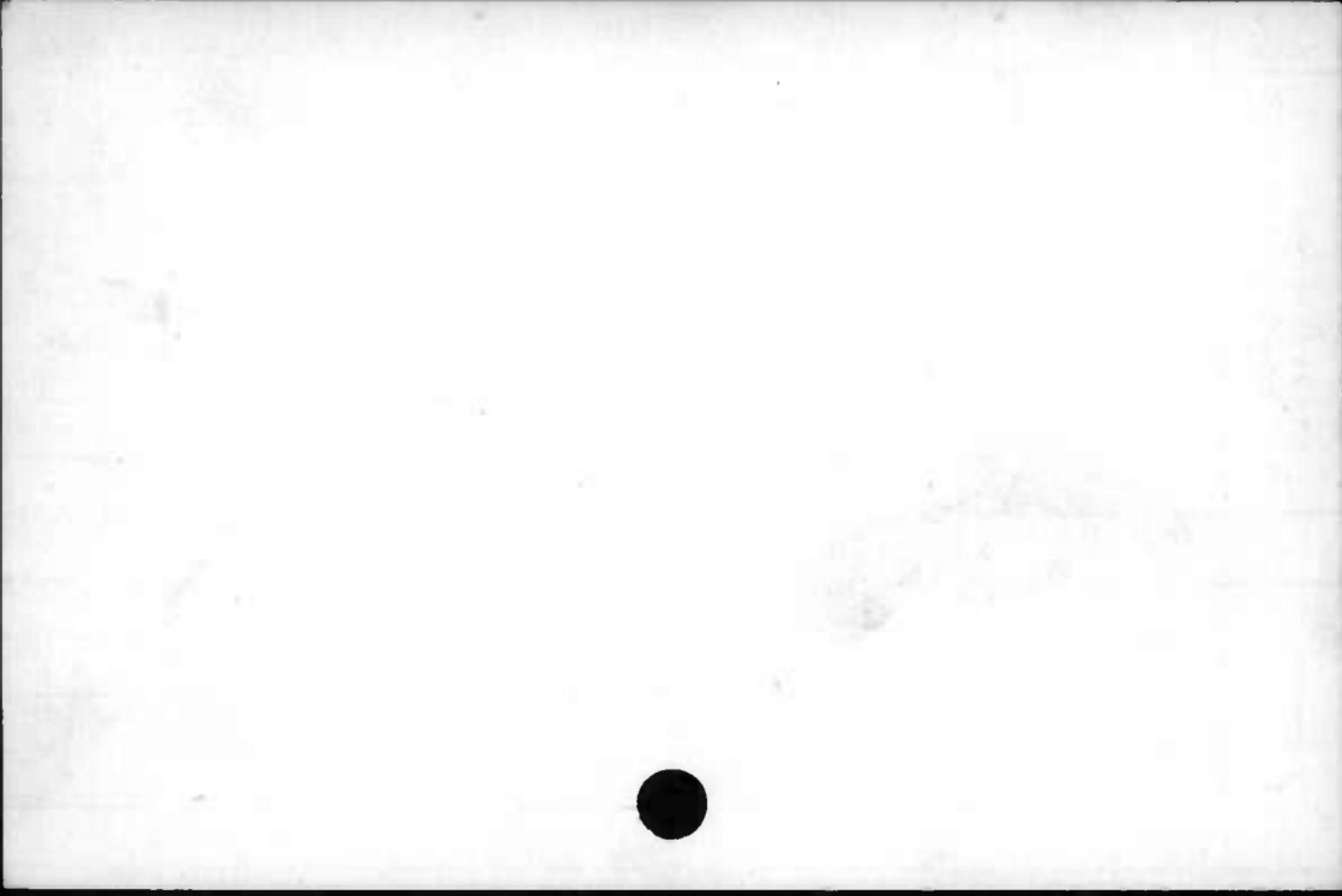
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Elmer Bear
64 Washington
St. Bayروودون
not



Name
in
Full

Infant - If mother's Oscolla Baptuan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sharpsburg</u> Town		County <u>Washington</u>		State <u>MARYLAND</u>	
Date of death <u>1906</u>	Month <u>12</u>	Day <u>29</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Sharpsburg Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Oscolla Baptuan</u>	Father's Birthplace <u>Bryantsville</u>				
Mother's Maiden Name <u>Anna Co Troy and</u>	Mother's Birthplace <u>Sharpsburg</u>				
Name of person giving information <u>Oscolla Baptuan</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Death was several days before birth</u>	How long <u>—</u>
Immediate <u>From an injury</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>C. Howard Baptuan</u>
	Address <u>Sharpsburg Md</u>
Accident or Suicide?	

L E Suman & Son
undertakers
Keadyville
Md

Name
in
Full

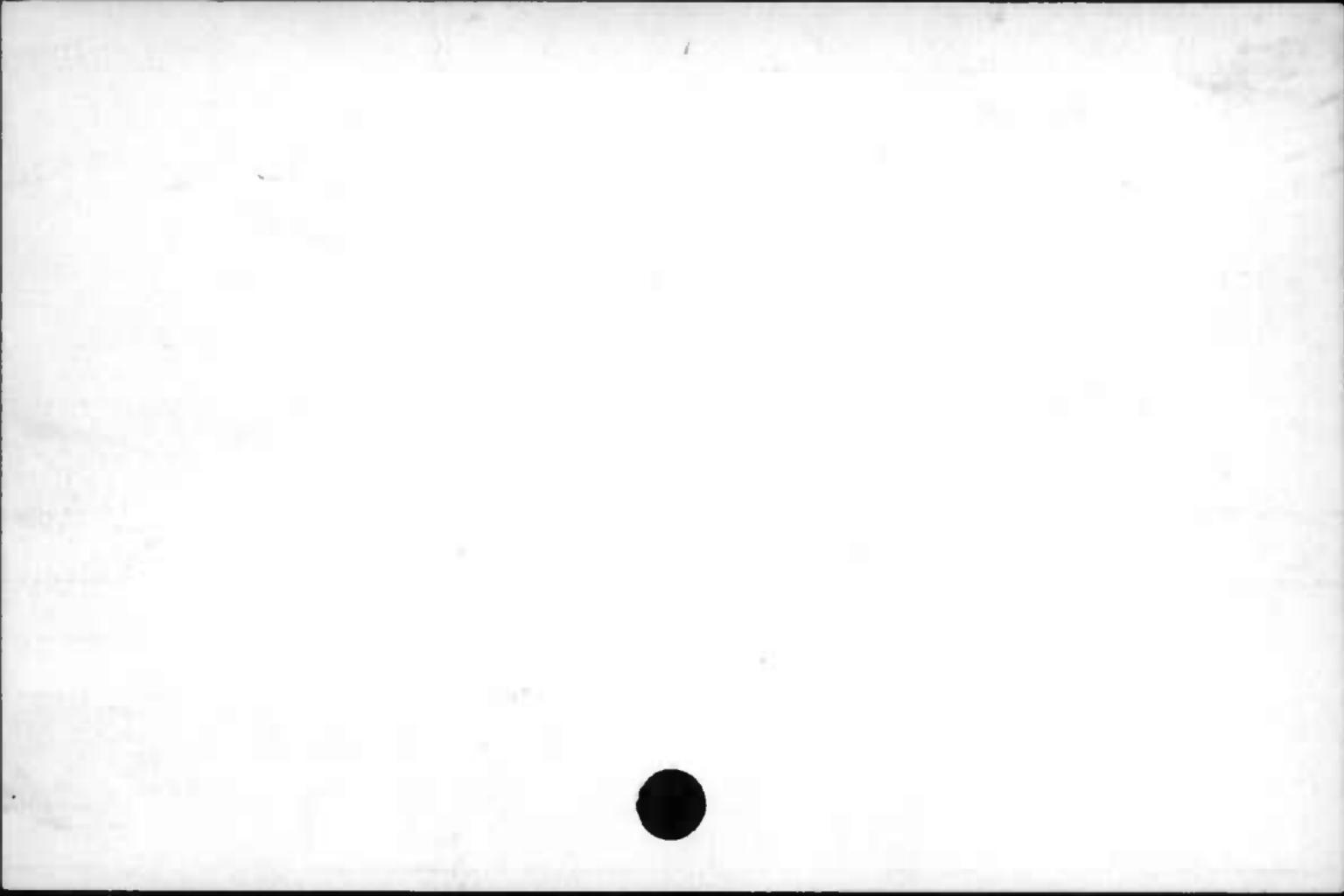
Mrs Emma J. Brewer

CERTIFICATE OF DEATH

✓ TO BE ANSWERED BY NEAREST FRIEND	Town			County			MARYLAND		
	Died at	Month	Day	Years	Months	Days			
Date of death	1906	12	7	Age	61	4	7		
Sex	Female	Color or Race	white	Birth-place					
Occupation	W. W.			Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Husband	Edward L. Brewer	Father's Birthplace	Md.				
Father's Name	John Cook			Mother's Birthplace	Penns.				
Mother's Maiden Name	Eleanor Rue			How related to deceased	Son.				
Name of person giving Information	Elyde Brewer								

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Diabetes		How long	Several years
	Immediate	Exhaustion		How long	Two weeks
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	O. O. Dugan	
	Yes		Address	Hagerstown, Md.	
	Accident or Suicide?			No	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bear Pond		Town MD	Bridendorph Washington		County		CERTIFICATE OF DEATH	
Date of death	1906	Month Dec.	Day 25.	Age 70	Years	Months	Days	
Sex	m	Color or Race	w	Birth-place	md	MARYLAND		
Occupation						Where Residing if not at place of death		
Married, Single or Widowed						Name of Wife or Husband		
Father's Name	Henry Bridendorph					Father's Birthplace	md	
Mother's Maiden Name	Elizabeth Hull					Mother's Birthplace	md	
Name of person giving information	Husband					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Unknown

How long

95

Immediate

~~Pulmonary~~ Congestion

How long

Are the name, age, sex, color, date and place correctly given above?

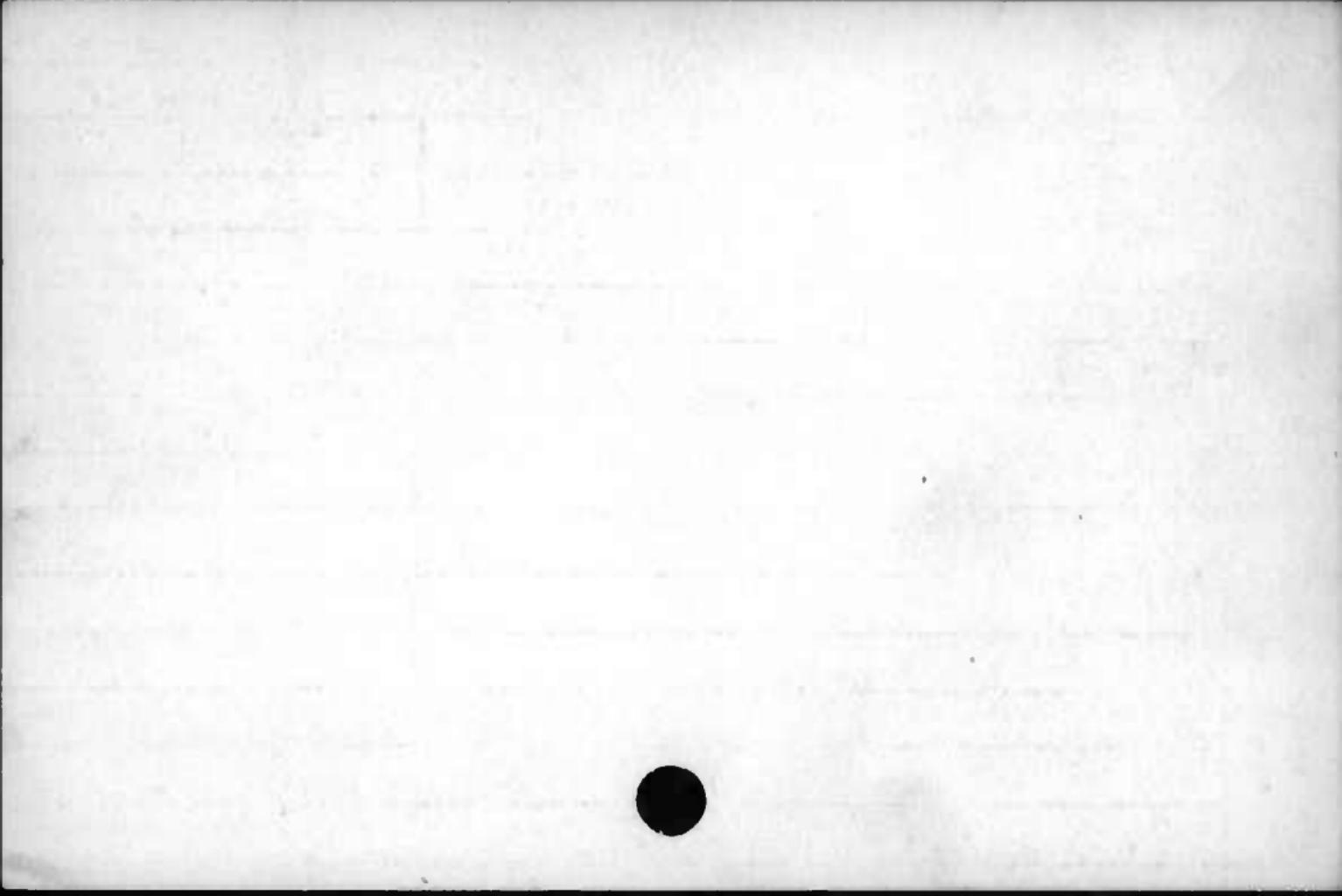
Signature of Physician

Address

C. J. Mason, M.D.

Cleanspring md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Name in Full		Annie C Burtner			CERTIFICATE OF DEATH		
Died at		Town Sharpburg	County Washington		State Maryland		
Date of death	1906	Month 12	Day 31	Years 37	Months 9	Days 10	
Sex	Femal	Color or Race	White	Birth-place Sharpburg			
Occupation	House Wife		Where Residing if not at place of death	Sharpburg			
Married, Single or Widowed	Name of Wife or Husband		Oscarola Burtner				
Father's Name	Joshua Maynard		Father's Birthplace	Eakles Mills			
Mother's Maiden Name	Annie Miller		Mother's Birthplace	Sharpburg			
Name of person giving Information	Oscarola Burtner		How related to deceased	Husband			

CAUSES OF DEATH

Primary

Injury before Confinement

How long

3 or 4 days

Immediate

Puerperal Complications

How long

about 4 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. Howell Gardner

Address

Sharpburg Md

Accident or Suicide?

No

L E Simons & Son
Manufacturers
Kendysville
Ind

Sept 20 1869

Name
in
Full

Laura Virginia Bunnard

CERTIFICATE OF DEATH

✓ TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 12	Day 24	Years -	Months -	Days 13
Sex	Female	Color or Race	white	Birth-place	md	
Occupation	Child	Where Residing if not at place of death		Hagerstown.		
Married, Single or Widowed	Single	Name of Wife or Husband	None.			
Father's Name	D R Bunnard		Father's Birthplace	md		
Mother's Maiden Name	Sarah Robinson		Mother's Birthplace	md		
Name of person giving information	D R Bunnard		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsions.

How long

3 days.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

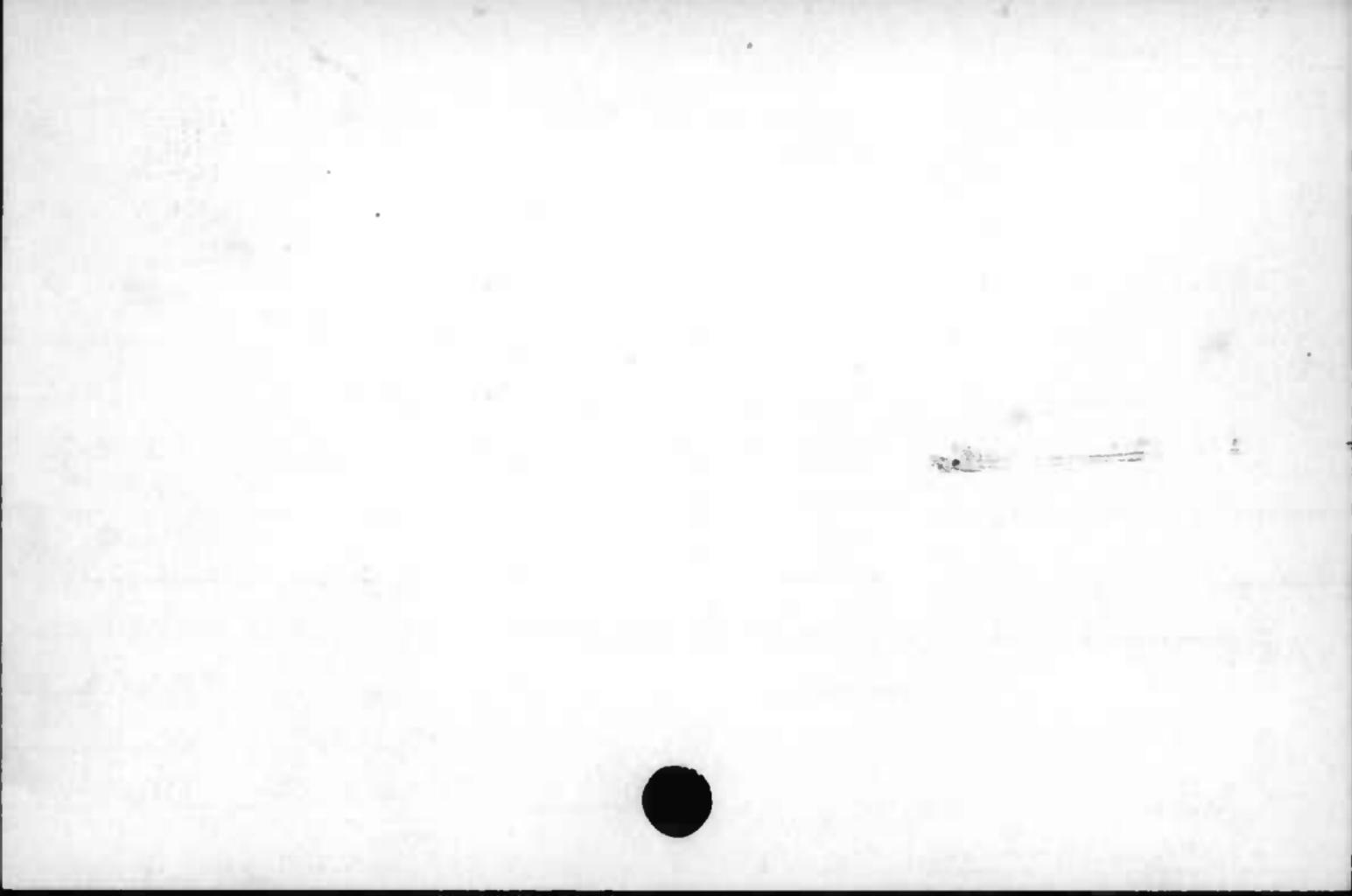
Signature of Physician

Address

D R Scheer
Hagerstown

Accident or Suicide?

✓



Name
in
Full

Elizabeth R. Bayers

CERTIFICATE OF DEATH

✓

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1906	Month 12	Day 30	Age 36	Years	Months 6	Days 29
Sex Female	Color or Race	White		Birth-place	Wmpst	
Married, Single or Widowed	Single	Occupation		None		
Name of Wife or Husband	E. Th. Bayers		Father's Name	Wmpst		
Father's Name	Keyish Embish		Father's Birthplace	Thanklin's Pa		
Mother's Maiden Name	E. Th. Bayers		Mother's Birthplace	Father		
Name of person giving Information	Keyish Embish		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	six years
Immediate	Prostration		How long	Two hours.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Dr. S. Richardson	
		Address	Williamsport Md	
Accident or Suicide?				

Undertaker
J. M. Miller

Name
in
Full

✓
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Michael Chirftell
Died at Hagerstown ^{Town} Washington ^{County}
Date of death 1906 Month Dec. Day 26 Age 19 Years 9 Months 9 Days
Sex Male Color or Race White Birthplace
Occupation Labover Where Residing if not at place of death

CERTIFICATE OF DEATH

MARYLAND

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Francis

Father's Birthplace

Aquila

Mother's Maiden Name

Louisa

Mother's Birthplace

"

Name of person giving information

Ramondo Griffatelli

How related to deceased

"

CAUSES OF DEATH

Primary

Septoria

How long

3 days.

Immediate

"

How long

Are the name, age, sex, color, date and place correctly given above?

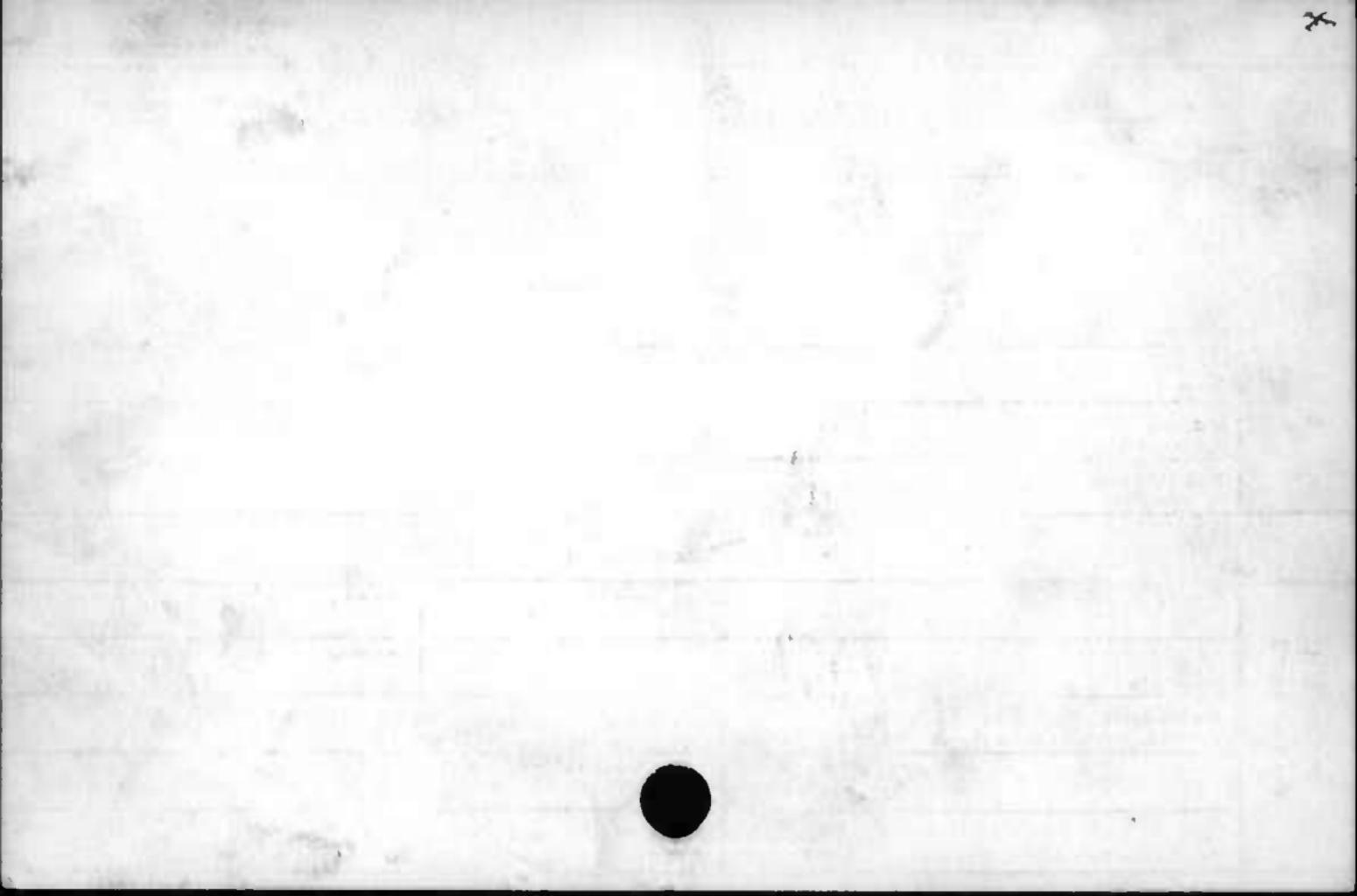
Yes

Signature of Physician

Address

Dr. H. C. Foster
Chapman

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

✓
To BE ANSWERED BY
NEAREST FRIEND

Mrs Mary Susan Coss				Wash.		
Died at <u>near Hagerstown</u>		Town	County	MARYLAND		
Date of death <u>1906</u>	Month <u>12</u>	Day <u>6</u>	Years <u>61</u>	Months <u>5</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>2nd</u>				
Occupation <u>N. W.</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>widow</u>	Name of Husband <u>John C. Coss</u>					
Father's Name <u>Geo Beard</u>	Father's Birthplace <u>2nd</u>					
Mother's Maiden Name <u>Susan Scarberry</u>	Mother's Birthplace <u>"</u>					
Name of person giving Information <u>Mrs Laura Kesselring</u>	How related to deceased <u>daughter</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer -

(45)

How long

Three years

Immediate

Exhaustion

How long
several months

Are the name, age, sex, color, date and place correctly given above?

Yes

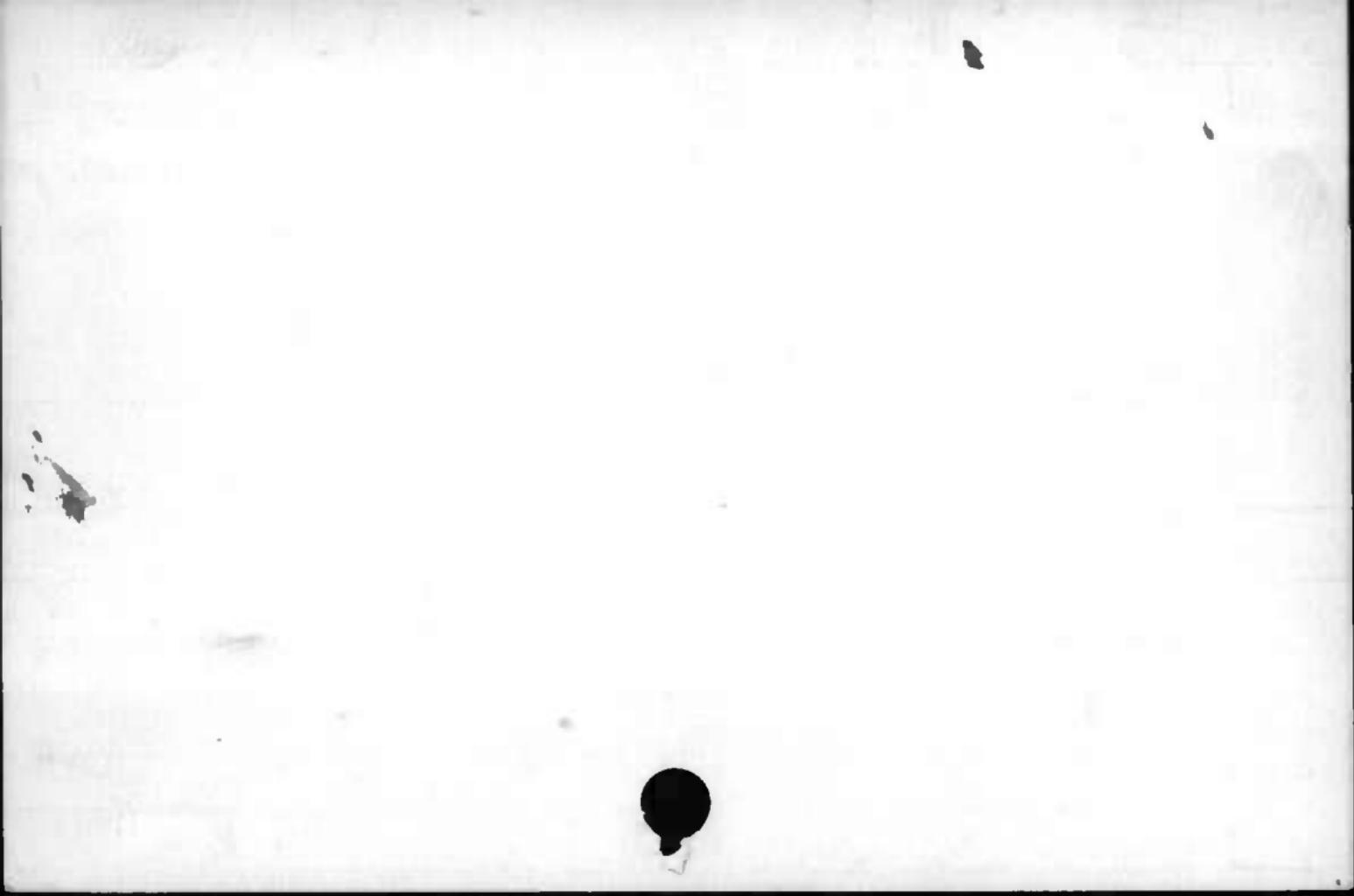
Signature of Physician

Address

Ogle Garage
Hagerstown Md.

Accident or Suicide?

No



Name
in
Full

David R. Cummings

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 12	Day 21	Years 40	Months 5	Days 14
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Clerk		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Jennie M. Cummings			
Father's Name	David R. Cummings		Father's Birthplace	Pa		
Mother's Maiden Name	Susan A. Haubachus		Mother's Birthplace	Pa		
Name of person giving information	Frank E. Cummings		How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis  How long

Immediate Exhaustion  How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. A. Morgan

Address

Accident or Suicide?



Name
In
Full

Michael L. Cunningham

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u>		County <u>Washington</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>12</u>	Day <u>24</u>	Age <u>78</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ellen</u>	<u>Brooke</u>			
Father's Name <u>not known</u>	Father's Birthplace <u>+</u>				
Mother's Maiden Name <u>"</u>	Mother's Birthplace <u>X</u>				
Name of person giving information <u>Ellen</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

65

How long

Immediate

Stenosing of Bronch

How long

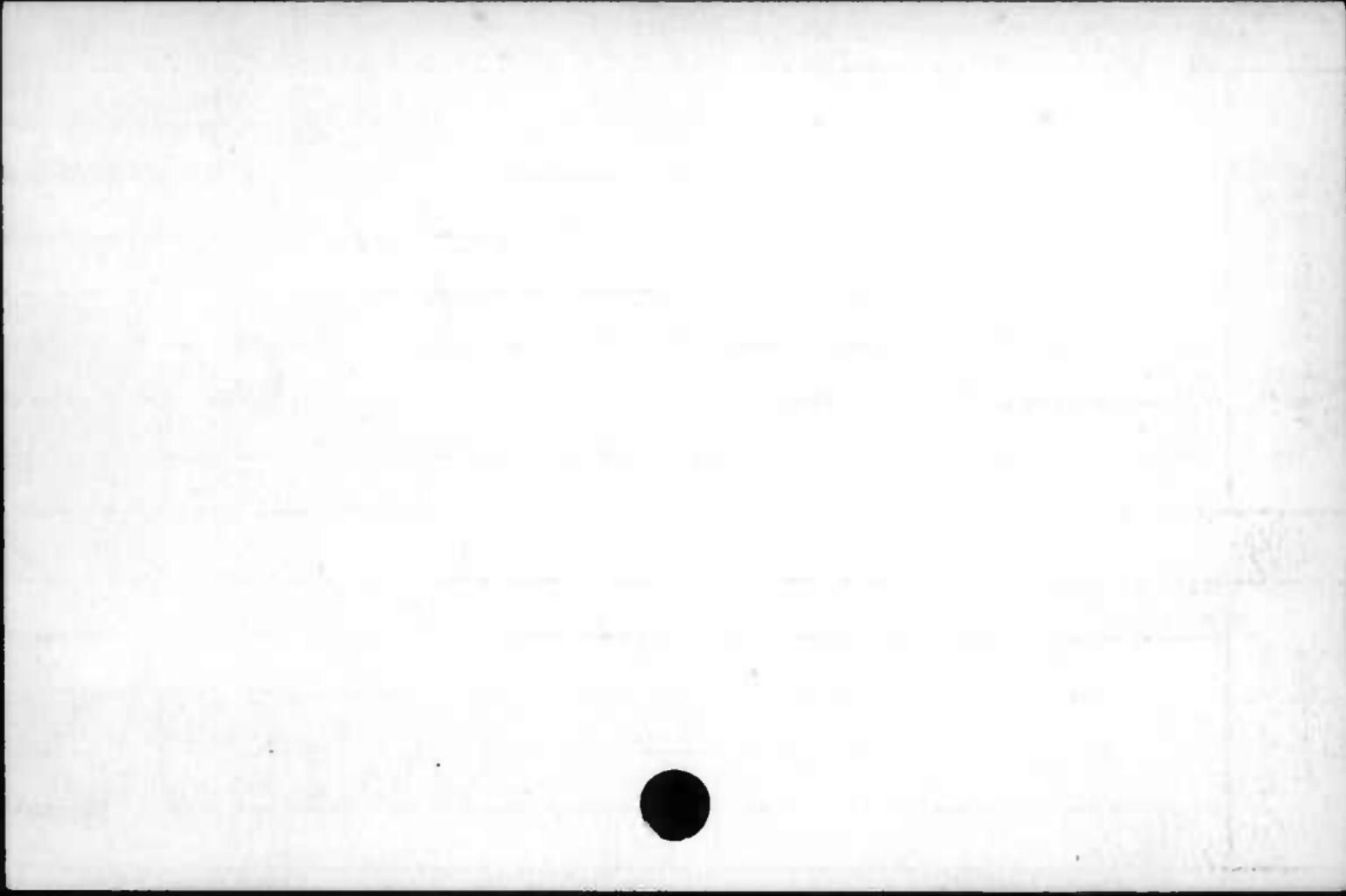
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L.C.M. Zimmerman
Hagerstown

Accident or Suicide?



Name
in
Full

John De Haven

CERTIFICATE OF DEATH

✓
TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND		
Did at Hagerstown		Washington				
Date of death 1906	Month 12	Day 19	Years 71	Months 6	Days 25	
Sex Male	Color or Race White	Birth-place Va				
Occupation Shoemacher	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Emma C Branson					
Father's Name Jeb De Haven	Father's Birthplace Va					
Mother's Maiden Name Sarah Littlejohn	Mother's Birthplace					
Name of person giving Information Emma C De Haven	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Seizure

(154)

How long

immediate

Choking

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. H. De Haven
Hagerstown
Md.

Accident or Suicide?

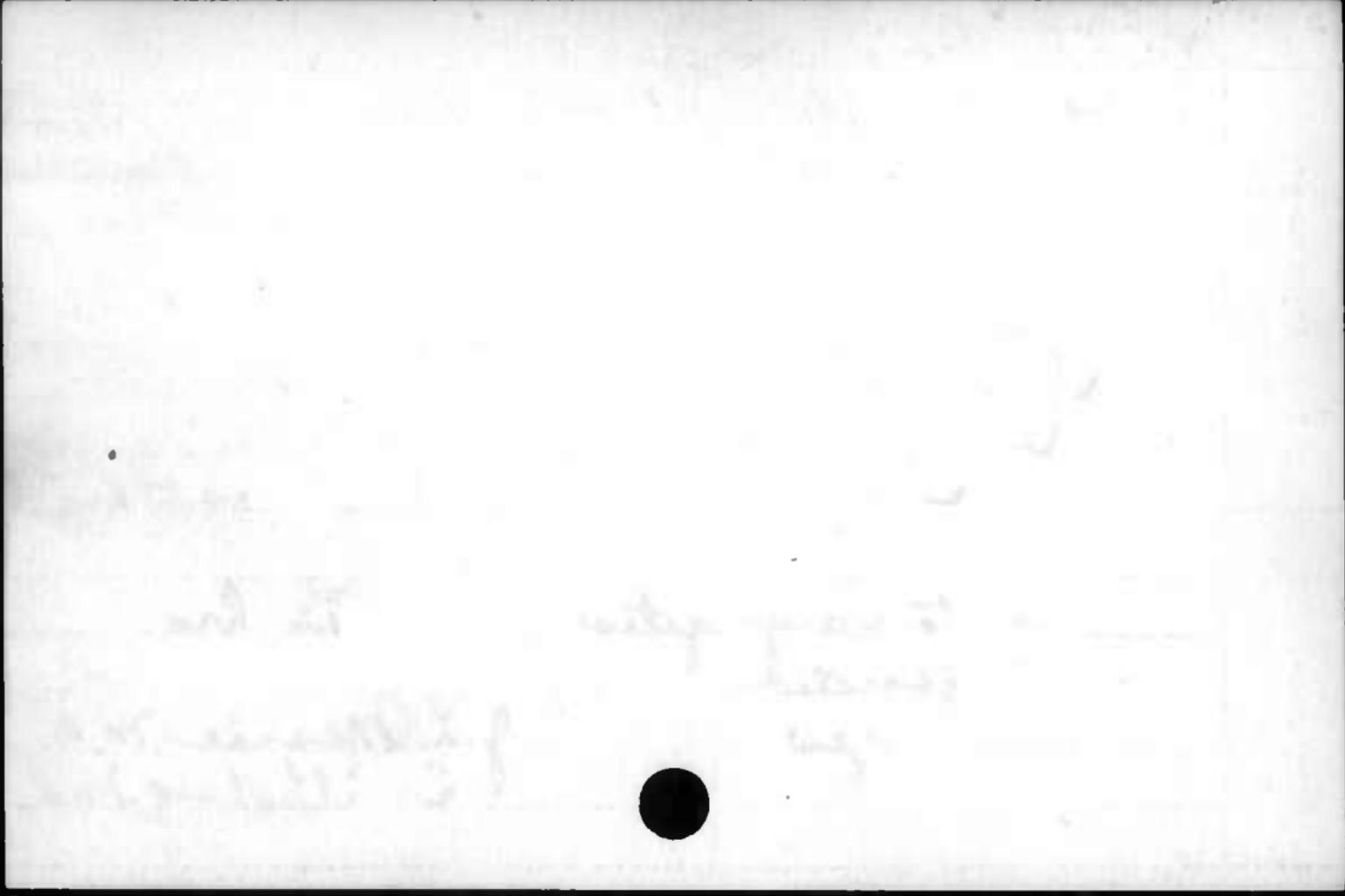
Watkins

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Gertha Houtz				12/26/1911	
Died at		Town	County	CERTIFICATE OF DEATH	
Died at		Boonsboro	Wash.	MARYLAND	
Date of death	1906	Month 12	Day 24	Age 17	Years 17
Sex	female	Color or Race	white	Birth-place	Days 7 9
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband		married Clarence Houtz		
Father's Name	Jack Daugherty		Va.		
Mother's Maiden Name	Cynthia Jeffry		Mo.		
Name of person giving information	Bettie Holt		sister		
CAUSES OF DEATH (55)					
Primary	Bichloride Mercury Poison			How long	7 1/2 days
Immediate	Exhaustion			How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
9/22			Ole Warthen		
Accident or Suicide?			Address Boonsboro MD		
Suicidal					



David Cloid Frye

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Died at	Covetown	Washington				
Date of death	1906	Month Dec.	Day 8th	Age	Years	Months
Sex	Male	Color or Race	white	Birth-place	Days	
Occupation						Where Residing if not at place of death
Married, Single or Widowed						Name of Wife or Husband
Father's Name	Chas. C. Frye					Father's Birthplace
Mother's Maiden Name	Annie Maria Newcomer					Mother's Birthplace
Name of person giving information	Chas. C. Frye					How related to deceased

CAUSES OF DEATH

Primary

Acute Laryngitis

How long

12 hrs.

Immediate

Suffocation

How long

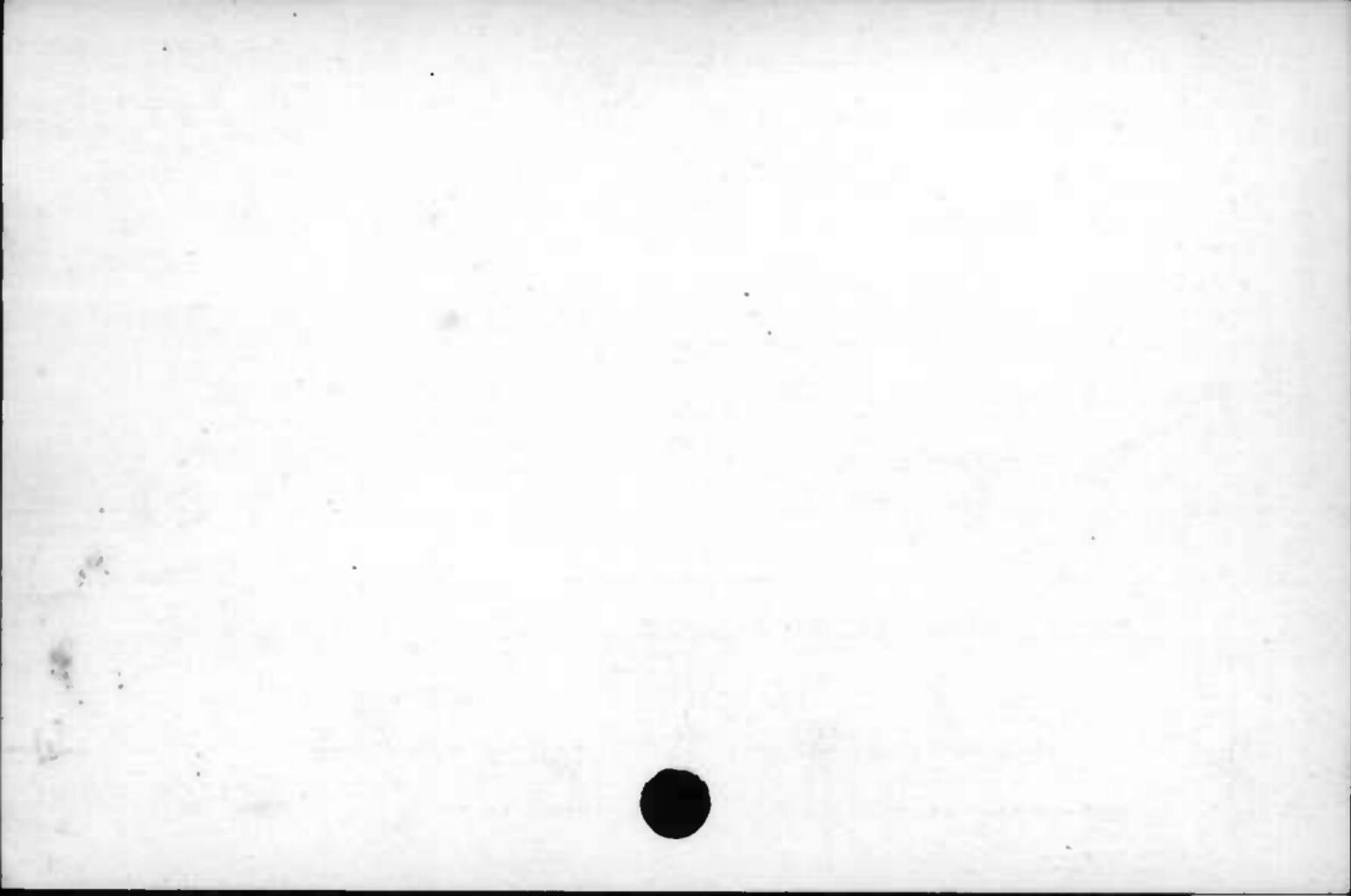
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. L. Massie, M.D.
Smithsburg, Md.



Name
in
Full

Harvey S. Good

CERTIFICATE OF DEATH

✓
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 12	Day 11	Years 59	Months 4	Days 8
Sex	male	Color or Race	white	Birth-place	Md.	
Occupation	Wagon maker			Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Mrs Mary E Good			
Father's Name	William H. Good			Father's Birthplace	Md.	
Mother's Maiden Name	Ann Rebecca Stark			Mother's Birthplace	"	
Name of person giving Information	Mary E Good			How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis

120

How long

Immediate

Uraemic Pneumonia

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. P. Stauffer
Hagerstown,
Md.

Accident or Suicide?

No

Suter

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Brashy Grant

CERTIFICATE OF DEATH

Died at <u>Hagerstown</u> Town			County <u>Washington</u>			MARYLAND	
Date of death <u>1906</u>	Month <u>1/2</u>	Day <u>28</u>	Age <u>52</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>MD</u>					
Occupation <u>Labourer</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Lynzie Grant</u>						
Father's Name <u>David Grant</u>	Father's Birthplace <u>MD</u>						
Mother's Maiden Name <u>Suey Kuhn</u>	Mother's Birthplace <u>PA</u>						
Name of person giving information <u>Albert Reed</u>	How related to deceased <u>NO</u>			Nephew			
CAUSES OF DEATH							
Primary	<u>When I saw him he was dying</u>			How long			
Immediate	<u>of consumption & heart disease & etc.</u>			How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	<u>W. B. Thompson</u>		
				Address	<u>Hagerstown</u>		
					<u>MD</u>		

Accident or Suicide? No

Bakersville

Name
in
Full

Mrs. Sallie Hobbs

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race		Age	Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Husband		Charles Hobbs		
Father's Name	John Biers		John Biers		Mid.
Mother's Maiden Name	Frigley				"
Name of person giving information	Elias Hobbs		Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

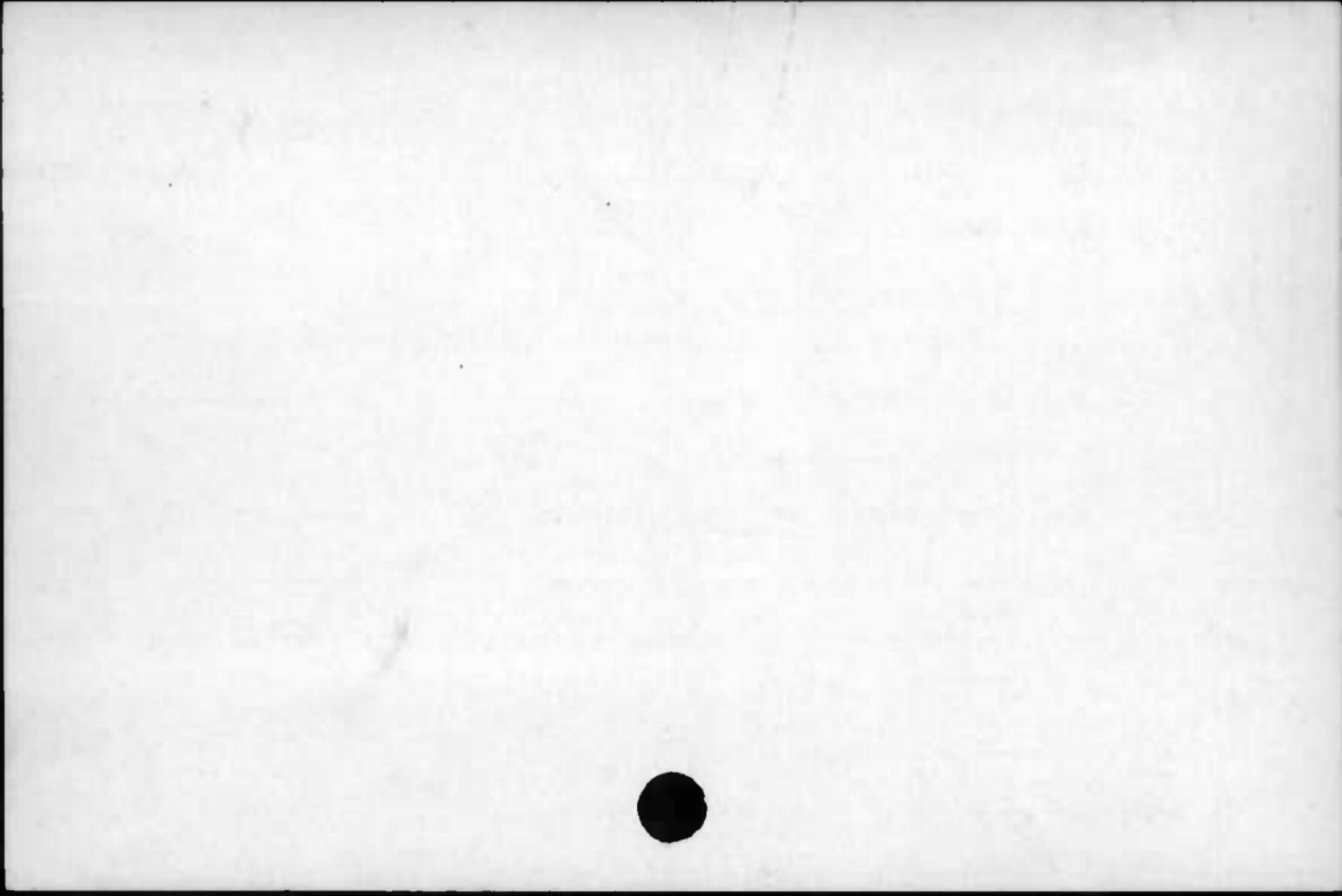
gs

Signature of Physician

Address

Mary J. Caulfield
Hagerstown
Md.

Accident or Suicide?



Name
in
Full

✓
To BE ANSWERED BY
NEAREST FRIEND

Mary Hoffmaster						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	1906	Month 12	Day 16	Years Ago 78	Months -	Days -	
Sex	Female		Color or Race	White		Birth-place	Md
Occupation	House Work		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband	Franklin Hoffmaster			
Father's Name	Abraham Earle					Father's Birthplace	Md
Mother's Maiden Name	Mary C. Ettinger					Mother's Birthplace	Md
Name of person giving Information	Miss Helen Leathemane					How related to deceased	Md.

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pneumonia - (obit) (93)	
	Immediate	Exhaustion	How long 2 weeks How long 24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D. C. R. Miller -
		Address	Mason - Dixon, Pa.
Accident or Suicide?		No -	

Shakespeare

Name
in
Full

Martin Holmes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
1906		12	5	40	1	—	
Sex	male	Color of Race	colored	Birth-place	Md.		
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Bartley Holmes		Father's Birthplace				
Mother's Maiden Name	Moy Krown		Mother's Birthplace				
Name of person giving Information	Katie Speaks		How related to deceased	none			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia (lobar)

How long

2 days

Immediate

Cardiac Failure

How long

Indefinite

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

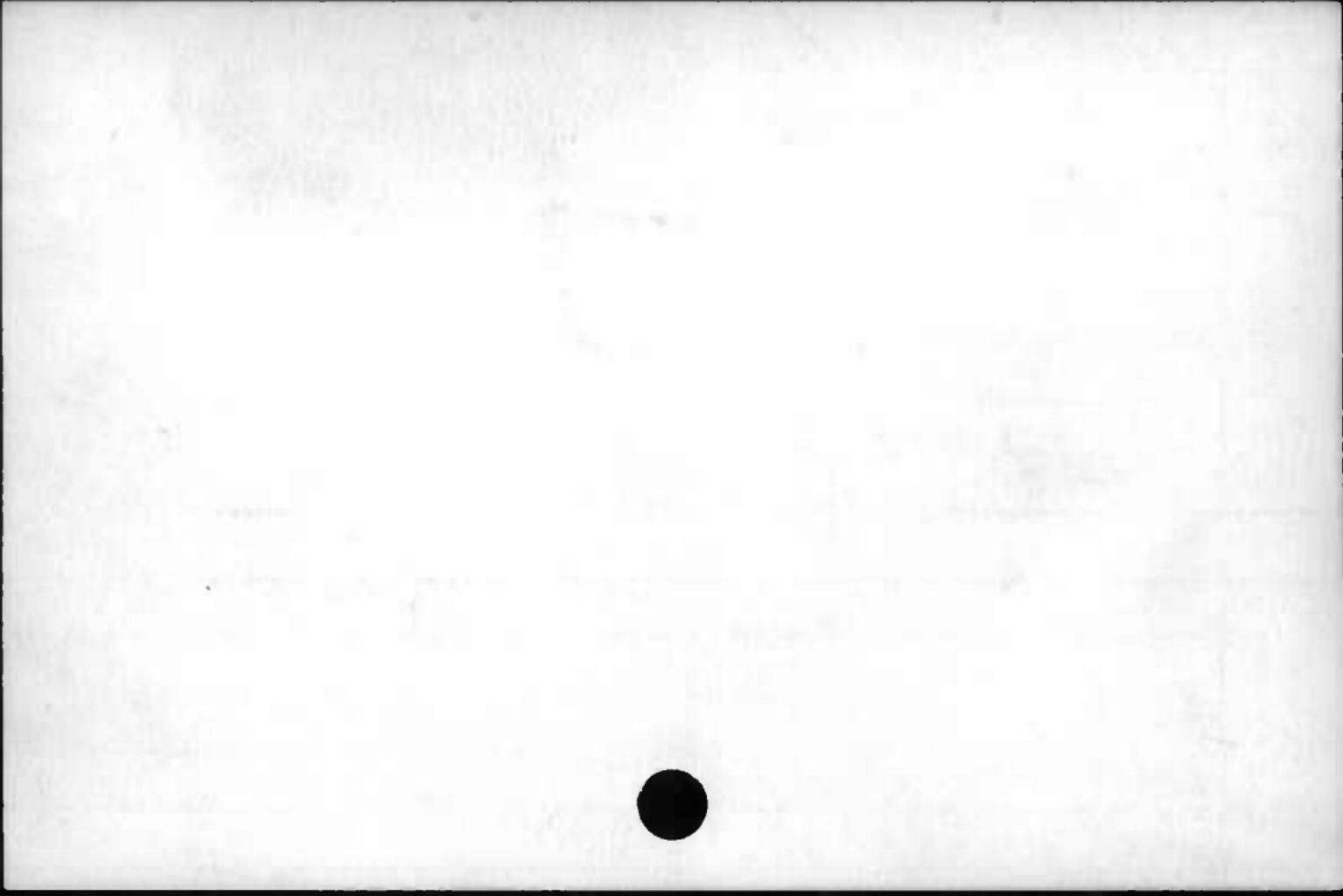
D.M. Wagaman

Address

Hagerstown, Md.

Accident or Suicide?

no.



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH					
Died at			Town	County	
Date of death	Month	Day	Years	Months	Days
1906	12	14	39	9	22
Sex	male	Color or Race	white	Birth- place	Penns.
Occupation	Day Laborer	Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife	Mrs. Lillie Bumelsine		
Father's Name	Manaris Bumelsine			Father's Birthplace	Penns.
Mother's Maiden Name	Mary Summers			Mother's Birthplace	"
Name of person giving Information	Manaris Bumelsine			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis



How long
1 yr.

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

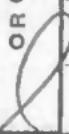
Signature of
Physician

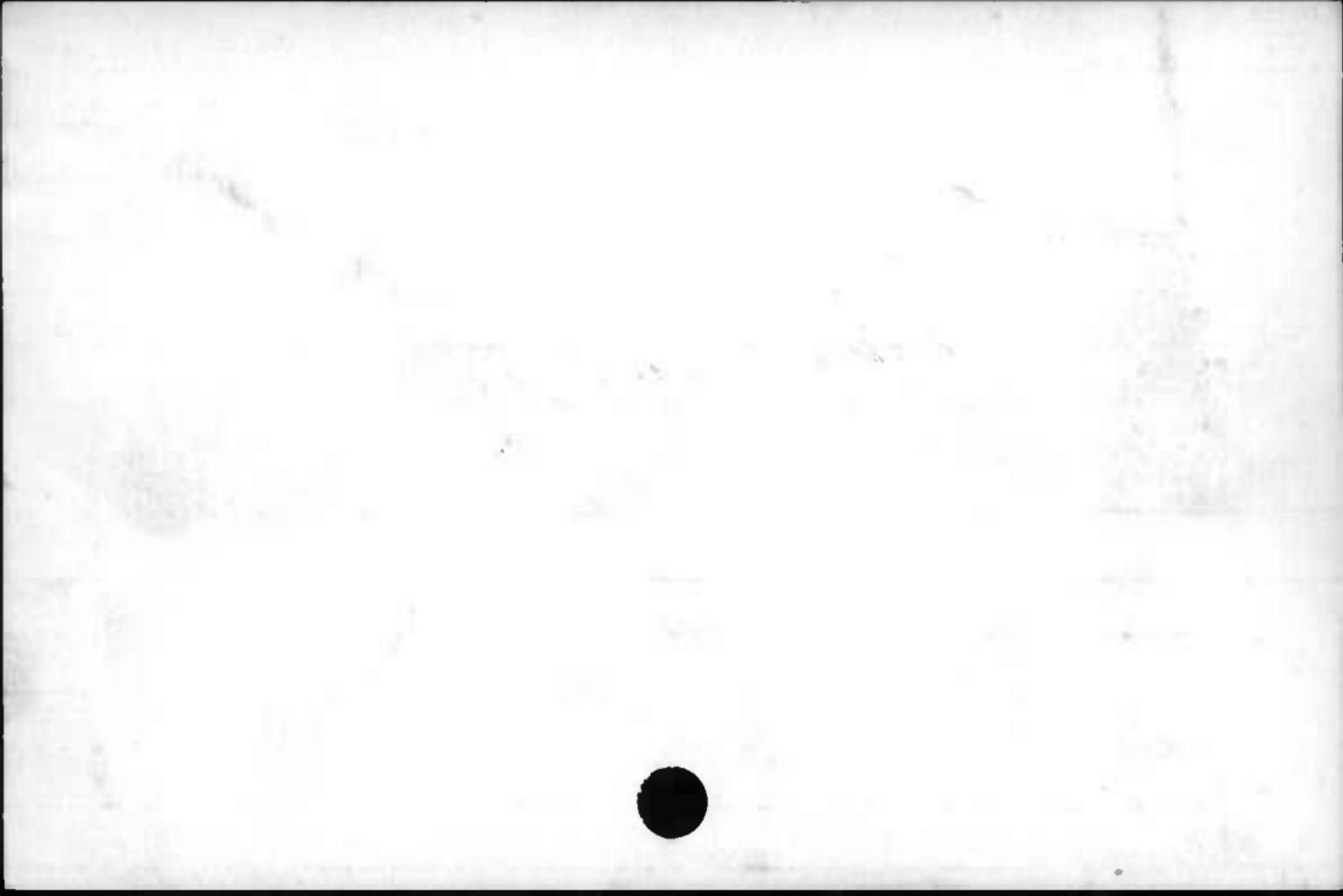
Address

O H W Rogan

Hagerstown
Md.

Accident or Suicide?





Name
in
Full

Nannie Irene King

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND



Died at		Town	County		MARYLAND	
Date of death	1906	Month 12	Day 26	Years 5	Months 4	Days —
Sex	Female	Color or Race	Solite		Birth-place	MD
Occupation	Child		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	George King		Father's Birthplace		MD	
Mother's Maiden Name	Layla Springer		Mother's Birthplace		MD	
Name of person giving information	George King		How related to deceased		Father	

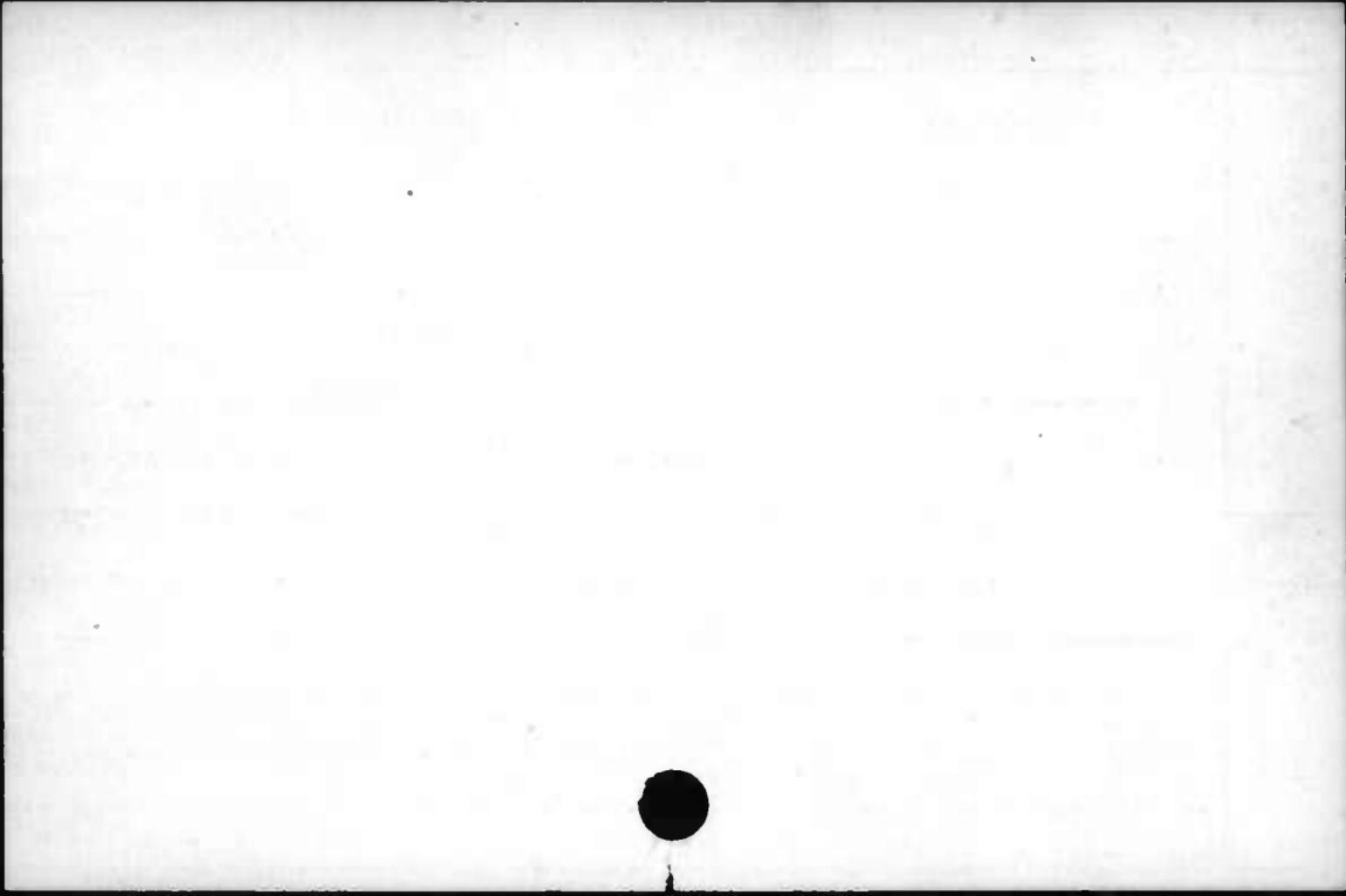
CAUSES OF DEATH

PHYSICIAN
OR CORONER



Primary	Acute Otitis Media	(16)	How long	10 days
Immediate	Tonsillitis Pneumonia		How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	P. M. Dayman
			Address	Hoagerton, Md

Accident or Suicide? No



Name
in
Full

✓
TO BE ANSWERED BY
NEAREST FRIEND

Jane Rebecca Lynch						CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND			
Died at	Boonsboro	Washington	Colony		Maryland			
Date of death	1906 Dec 21	Day	Years	Months	Days			
Age	69			1	9			
Sex	Female	Color or Race	white	Birth-place	Washington City			
Occupation	Housewife		Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	John H. Lynch					
Father's Name	Jacob Ross		Father's Birthplace		Washington City			
Mother's Maiden Name	Eliza Measel		Mother's Birthplace		Germany			
Name of person giving information	Dora Myers		How related to deceased		Daughter			

CAUSES OF DEATH

Primary	Chronic Rheumatic Arthritis	How long	27 years
Immediate	Hypostatic Pneumonia	How long	7 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

W. C. Webster

Address

Boonsboro

Washington 20

Accident or Suicide?

c_0

Name
in
Full

Howard Lynn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Hagerstown

County

Washington

MARYLAND

Date
of death

Month

Day

1906

12

1

Years

Months

Days

—

—

8

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Arnold

Lynn

Father's
Birthplace

Md

Mother's
Maiden Name

Anna

Renner

Mother's
Birthplace

Md

Name of person giving
Information

Arnold

Lynn

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature birth

(51)

How long

—

How long

—

Immediate

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Robert Monroe
Hagerstown Md

Address

Accident or Suicide?

No

Watkins

38

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Harry E. M. Americans				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1907	Month Dec.	Day 21	Age	Years 4	Months
Sex	Male	Color or Race	White	Birth-place	Funkhauer	
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Samuel Americans		Father's Birthplace	Funkhauer		
Mother's Maiden Name	Maggie S. Gilliland		Mother's Birthplace	Marysville Gilliland		
Name of person giving Information	Samuel Americans		How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nasal, Pharyngeal and Laryngeal Diphtheria

How long

4 days

How long

Immediate

Toxaemia

0

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

May A. Laughlin M.D.

Accident or Suicide?

H. Merkt.

Name
in
Full

Mary Marsh.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

near Died at	Town Hancock	County Washington	MARYLAND
Date of death 1906	Month June	Day 16	Years Age 60
Sex Female	Color or Race Colored	Birth- place West Va.	Months —
Occupation House wife.	Where Residing if not at place of death Died at Home.		Days —
Married, Single or Widowed Married	Name of Wife or Husband Ceph Marsh.		
Father's Name Mr. Lee.	Father's Birthplace West Va.		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information W. B. Seawall	How related to deceased None.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption (21) How long
1 year

Immediate

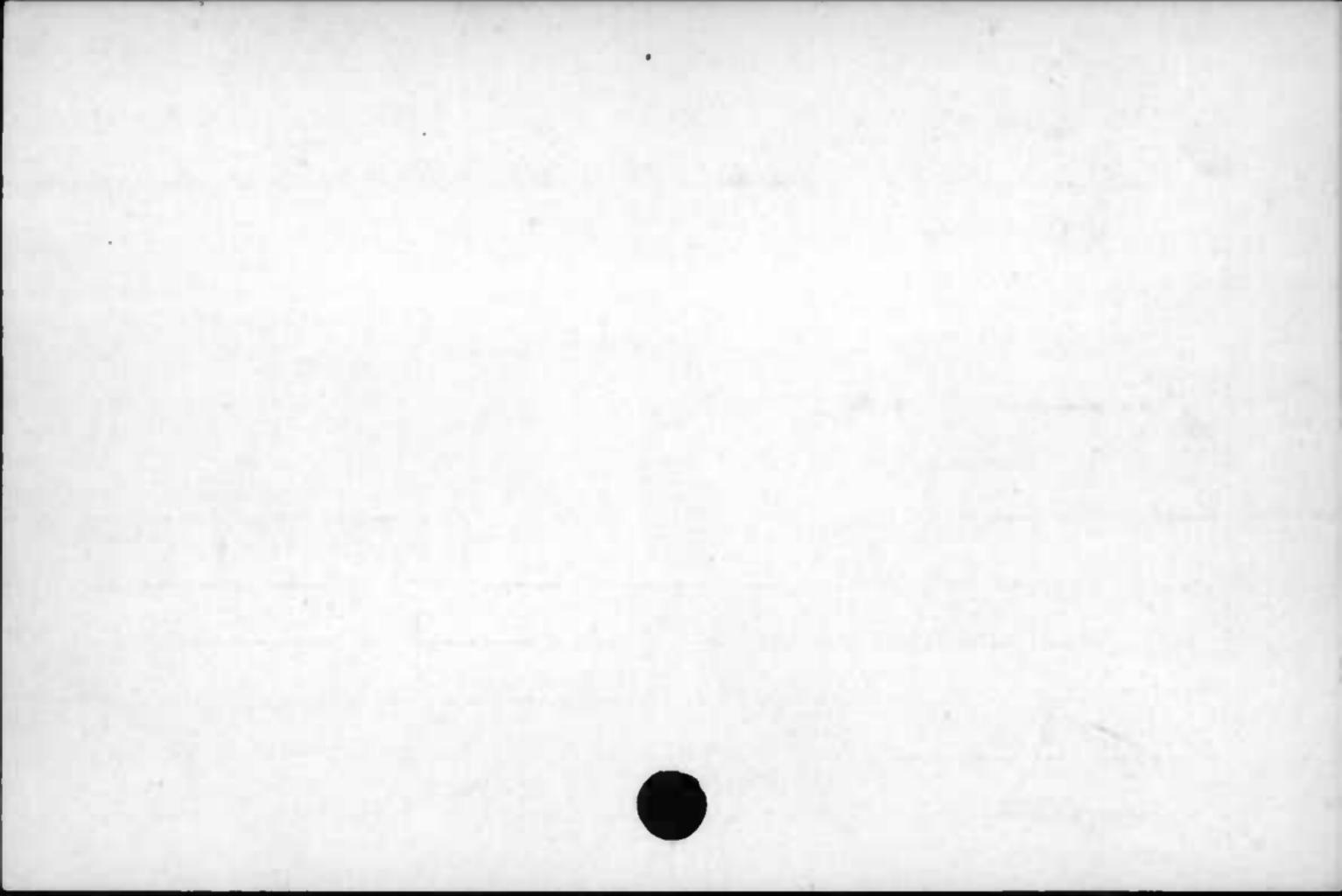
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

P. E. Sleigher
Hancock
W. Va.

Accident or Suicide?



Name
in
Full

Mary Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	12	24	2	11	4	
Sex	Female	Color of Race	white	Birth-place	Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John J. Martin					
Mother's Maiden Name	Catharine Touch					
Name of person giving Information	Emmanuel Jennings					
Father's Birthplace	Va					
Mother's Birthplace	Md					
How related to deceased	Sust					

CAUSES OF DEATH

Primary

Venereal leprosy

How long

101

2 days

Immediate

L

How long

Are the name, age, sex, color, date and place correctly given above?

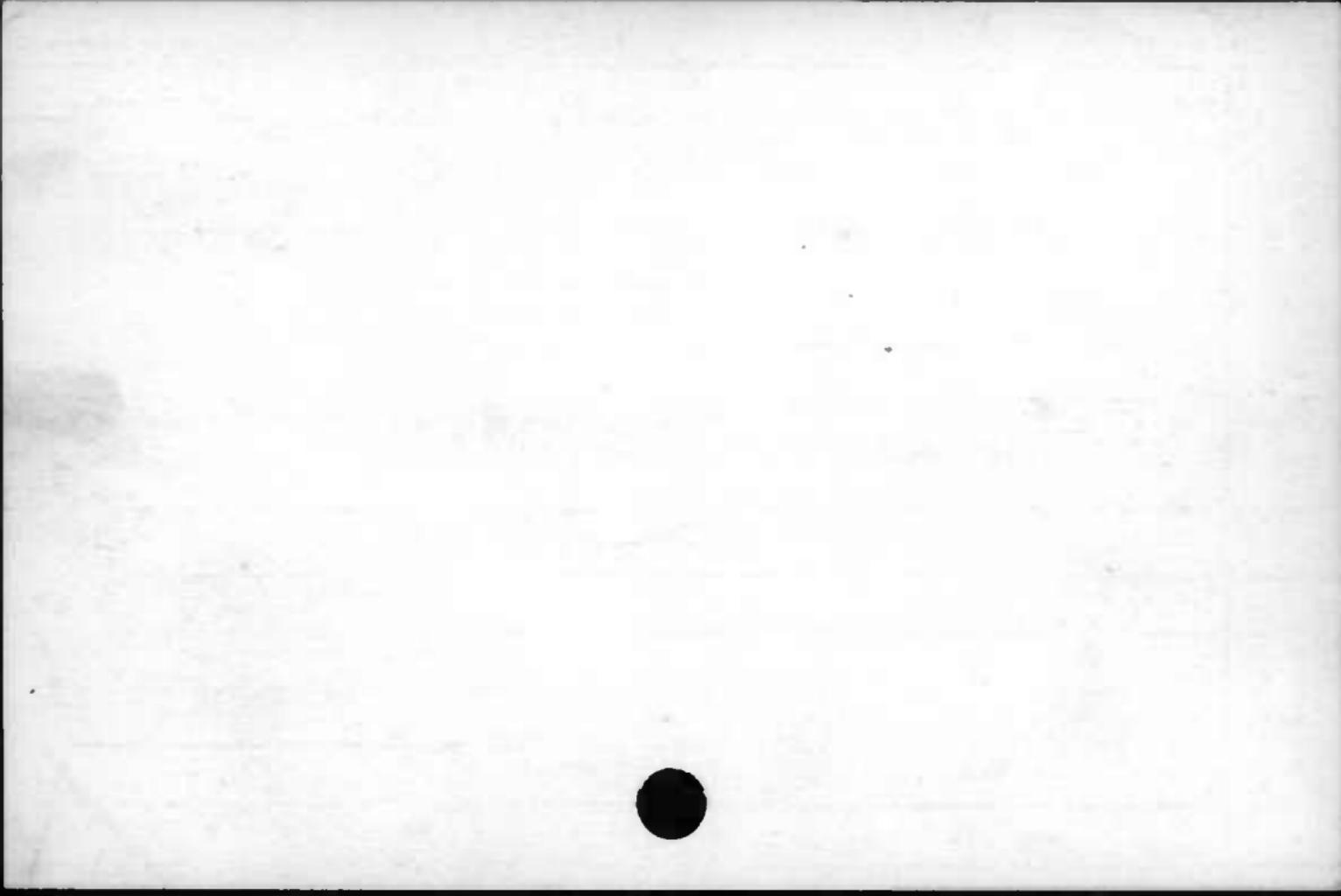
Yes

Signature of Physician

Address

J. T. Yostie
Bronowalla
Md

Accident or Suicide?



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

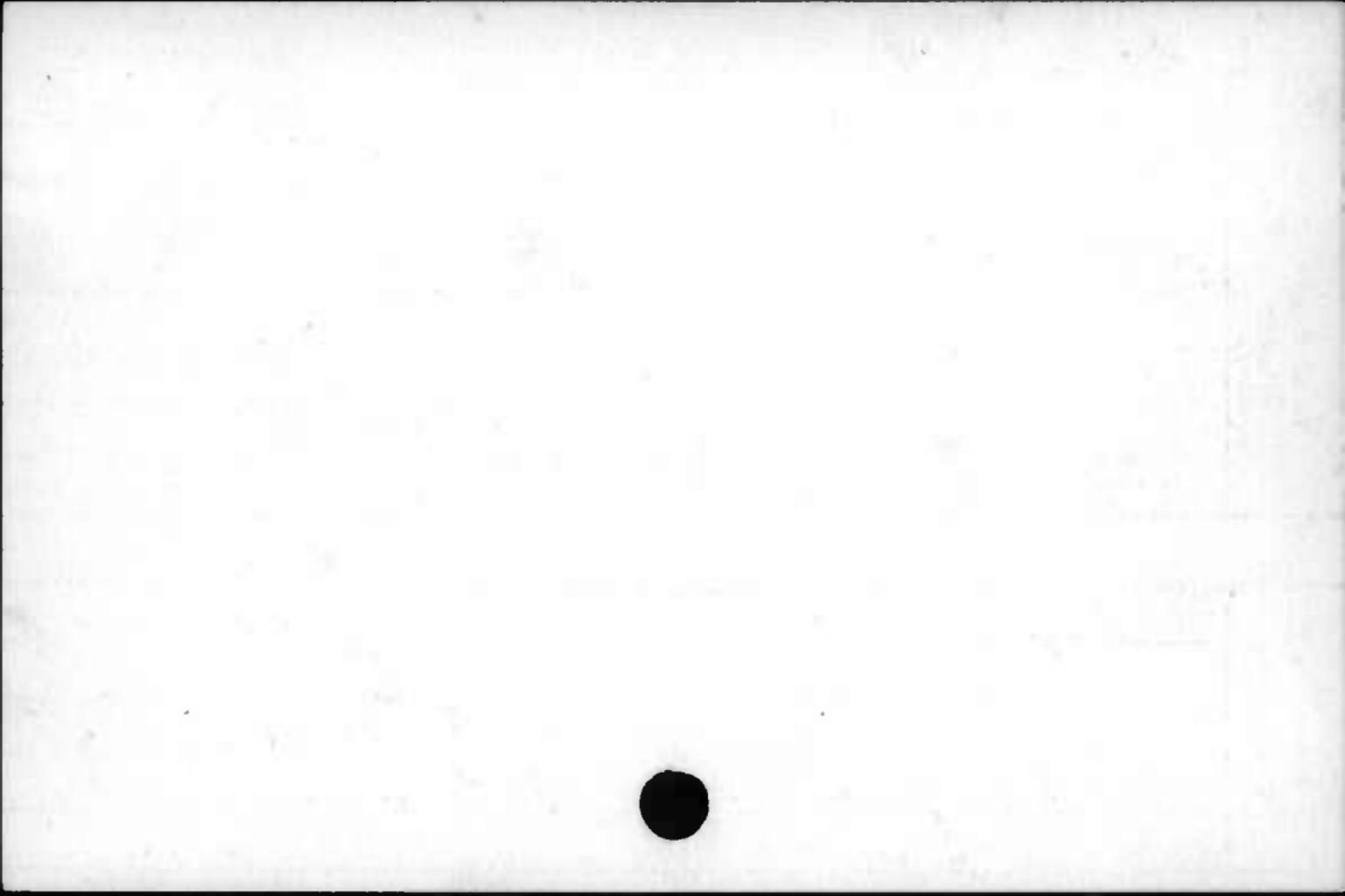
Rebecca Leonia Maugans.

CERTIFICATE OF DEATH

Died at		Town	County.		MARYLAND		
Died at	Funkstown	Washington					
Date of death	1906	Month 12	Day 27	Years 17	Months 9	Days 16	
Sex	Female	Color or Race	White	Birth-place	Funkstown		
Occupation	worked in Factory			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Frederick Co		
Father's Name	William	Maugans		Mother's Birthplace	Frederick Co		
Mother's Maiden Name	Margaret A	Harbaugh		How related to deceased	Mother		
Name of person giving information	Margaret	Maugans					

CAUSES OF DEATH

Primary	Diphtheria	9	How long	6 days
Immediate	Heart failure	9	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. Z. Wm. year 00	
Yes		Address	Funkstown	
Accident or Suicide?			dead	



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Sandy Hook</u>		Town	County <u>Maryland</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Oct</u>	Day <u>27</u>	Age <u>47</u>	Years <u>47</u>	Months <u>2</u>	Days <u>24</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Sandy Hook</u>				
Occupation <u>Machinist</u>	Where Residing if not at place of death <u>Sandy Hook</u>					
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Frank Merriman</u>					
Father's Name <u>John Merriman</u>	Father's Birthplace <u>Hagerstown</u>					
Mother's Maiden Name <u>Heffley Booth</u>	Mother's Birthplace <u>Baltimore, Md.</u>					
Name of person giving information <u>John Merriman</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

(93)

How long 10 days

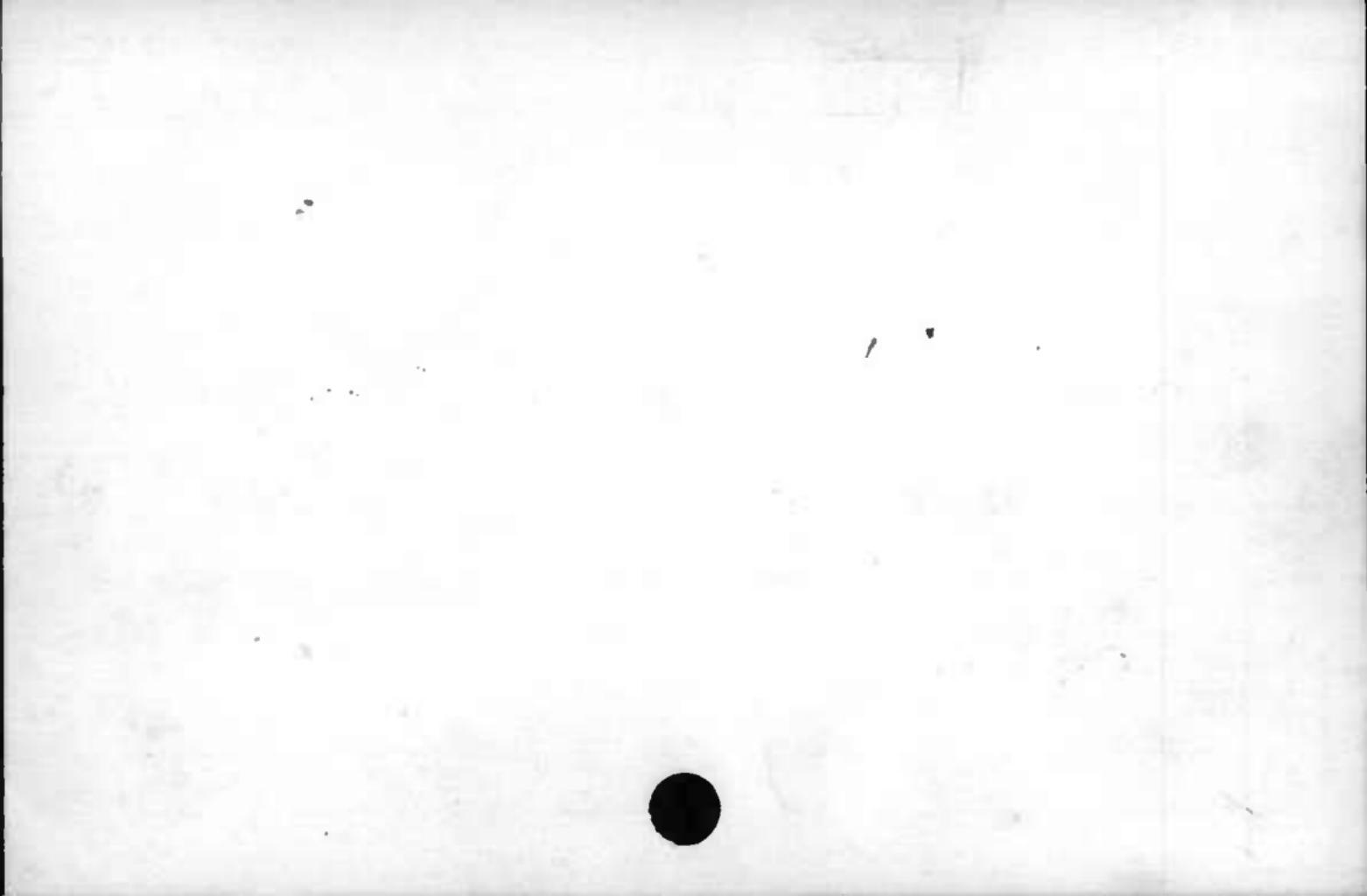
How long 10 days

Signature of Physician F.M. Phillips

Address Harpers Ferry

Jeff. Co. W. Va.

Accident or Suicide?



Name
in
Full

George Miller

CERTIFICATE OF DEATH

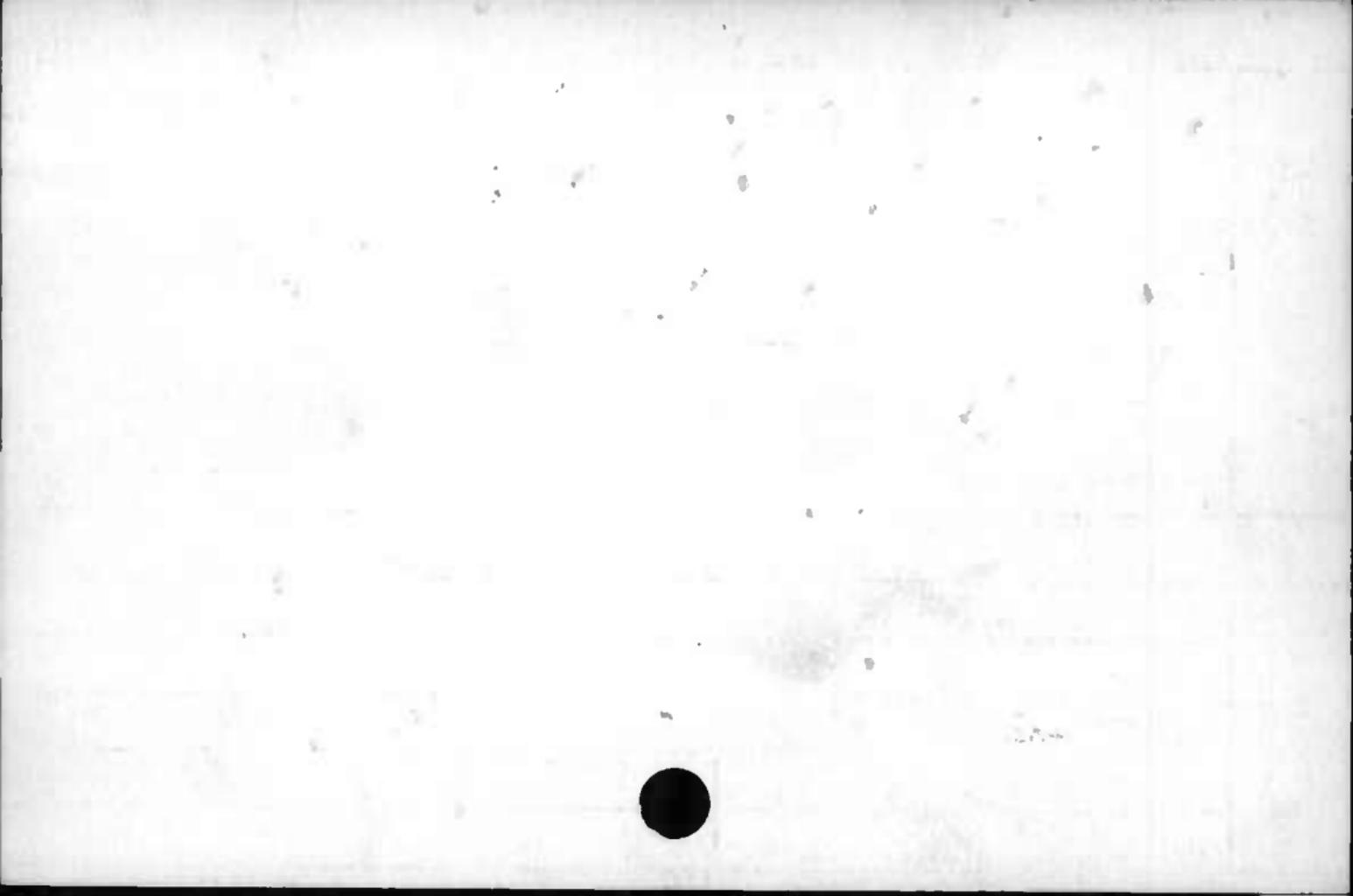
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Residence		Birth-place	
Occupation	Mason		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Harriett Miller			
Father's Name	Joseph Miller				Father's Birthplace	Md
Mother's Maiden Name	Suey Kuhn				Mother's Birthplace	Suey Kuhn
Name of person giving Information	Harriett Miller		(D)		How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Fever, Atrio Scleriosis & Cerebral Hemorrhage		How long	4 mos.
Immediate	Cardiac Failure		How long	2 mos.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Montague.	
		Address	Hagerstown, Md.	
Accident or Suicide?	No			



Samuel David Minor

Town

County

Died at Leitersburg Washington Co.

MARYLAND

Date 1906 12 23

Y. M. D.

Native of

6

23

Hark Co.

Occupation

None

Male

Month

Day

Age

Female

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

Husband of

Wife

None

Father's

Name

Cause of

Death

Primary

Immediate

Reported by

Address

Mother's

Maiden Name

Pneumonia

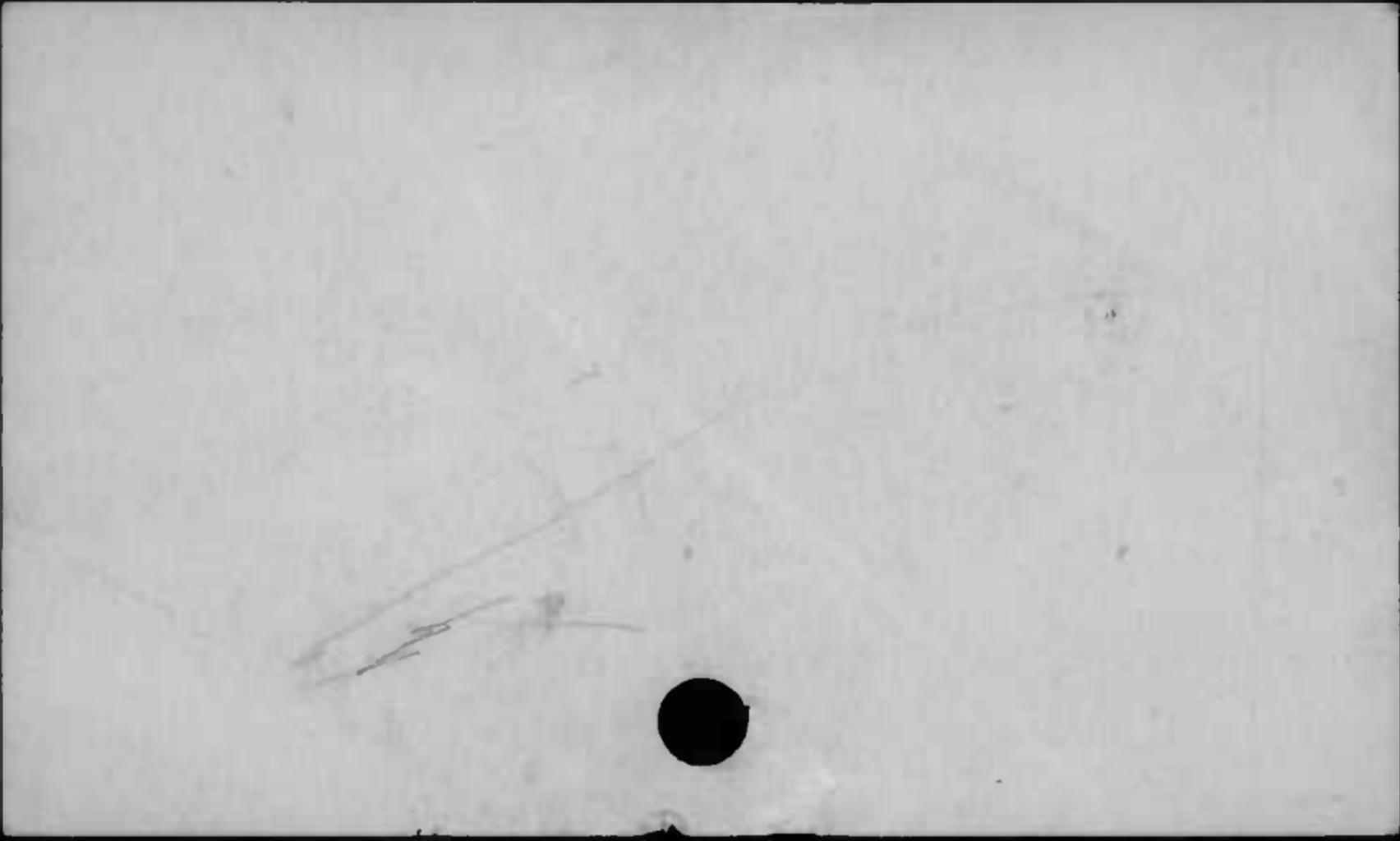
How long sick

93

one day

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Calvin Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1906	Month 12	Day 18	Age 55	Years	Months Days
Sex Male	Color or Race Black	Birth-place			
Married, Single or Widowed	Widower	Occupation	Labourer		
Name of Wife or Husband	Martha Johnson				
Father's Name	Nuckerson				
Mother's Maiden Name	Nuckerson				
Name of person giving information	Dora J. Turner				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Valvular Heart Disease ✓ 9 Years
How long
Immediate Drowsy 2 mo
How long

Are the name, age, sex, color, date
and place correctly given above?

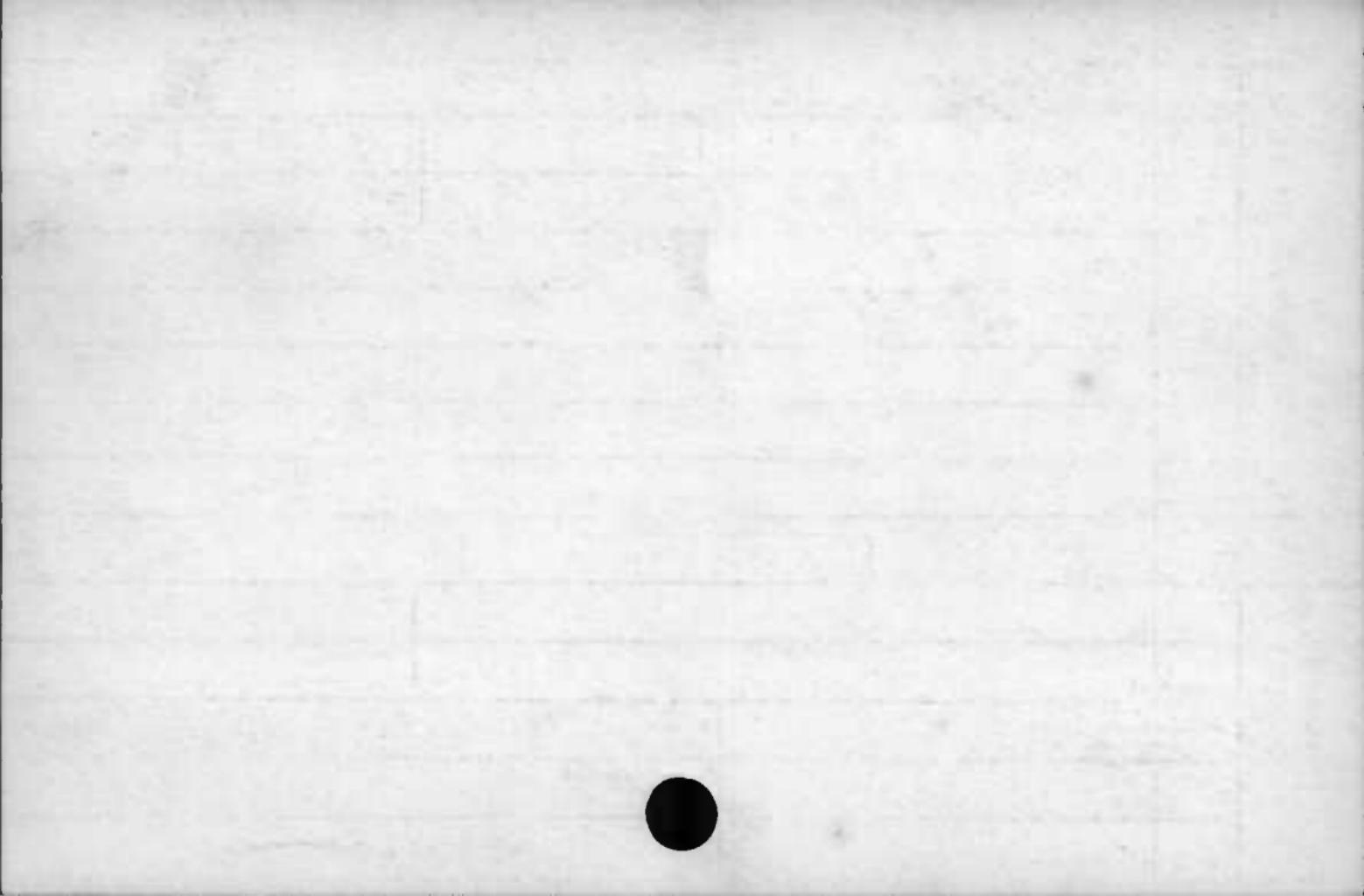
Yes.

Signature of
Physician

Address

D. M. Webb
Williamsport
Md

Accident or Suicide?



Name
in
Full

Mrs Annie M. Munson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month 12	Day 4	Years 72	Months 9	Days 3	
Sex	female	Color or Race	white	Birth-place	W. Va		
Occupation	H. W.	Where Residing If not at place of death					
Married, Single or Widowed	married	Name of Husband	Calvin J. Munson				
Father's Name	—	Cookies	W. Va.				
Mother's Maiden Name	Sallie	"	" "				
Name of person giving Information	G. J. Munson					How related to deceased husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis*

How long

Immediate *Exhausted*

How long

Are the name, age, sex, color, date and place correctly given above?

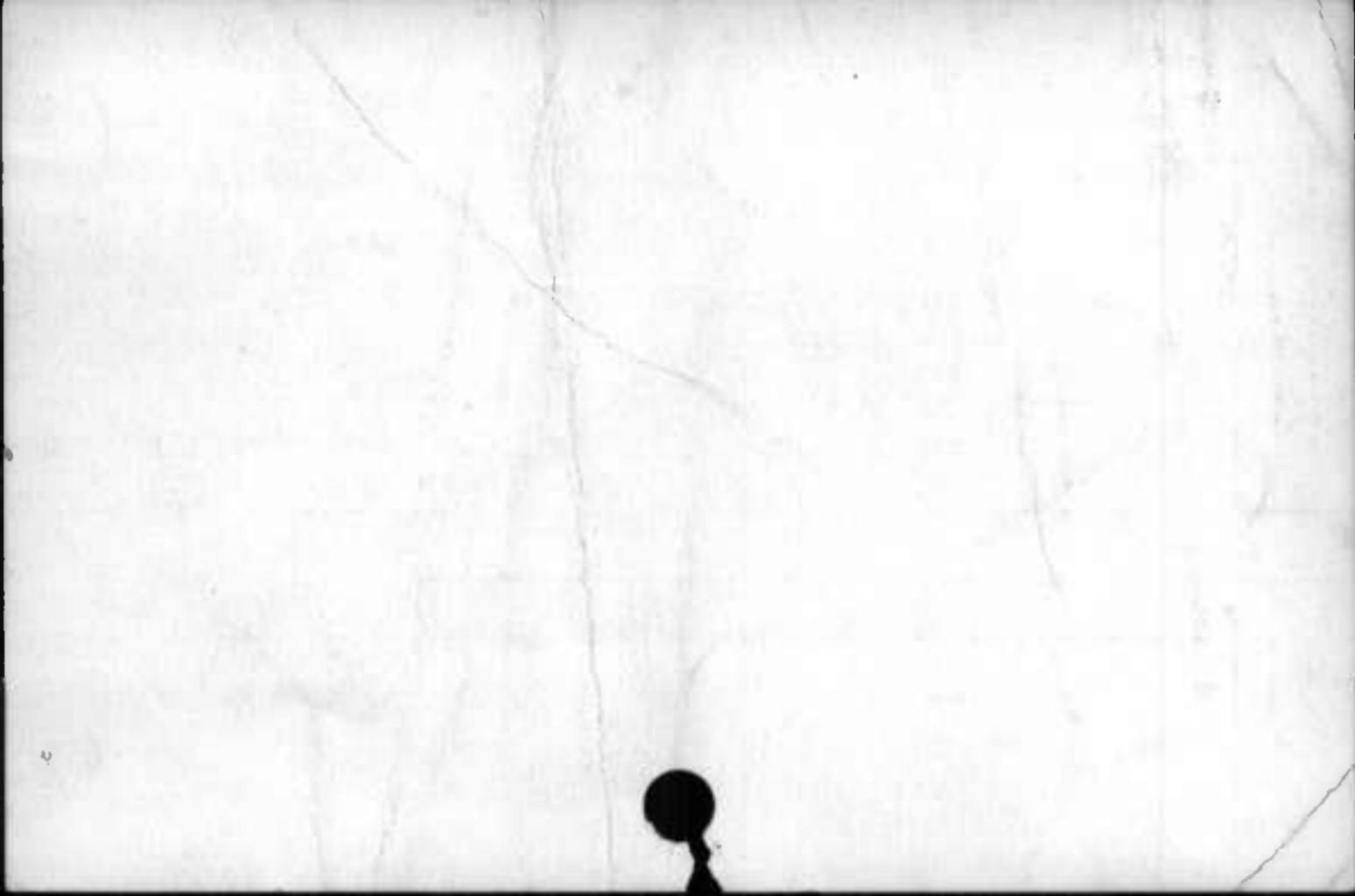
Yes

Signature of Physician

Address

J. M. P. Scott.
Hagerstown.

— intent of Suicide



Name
In
Full

Mrs Rebecca Musson

CERTIFICATE OF DEATH

✓
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Reptown		Washington					
Date of death	Month	Day	Age	Years	Months	Days	
1906	12	19	80		-	-	
Sex	Female	Color or Race	White	Birth- place	Md		
Occupation	House work			Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband					
Father's Name	Daniel Smith			Father's Birthplace	Germany		
Mother's Maiden Name	Dont Knoo			Mother's Birthplace	Dont Knoo		
Name of person giving Information	Helen Musson			How related to deceased	Son		

CAUSES OF DEATH (104)

PHYSICIAN
OR CORONER

Primary	Acute Indigestion	How long
Immediate	Old age	How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

L. M. Zimmerman
M.D.
Hagerstown

Accident or Suicide?

Great Cuckoo W.N.A

Name
in
Full

Curette Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Color or Race		Age		Birth-place	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Roland Myers			Father's Birthplace		Va.
Mother's Maiden Name	Julia Shorts			Mother's Birthplace		WVa
Name of person giving information	Roland Myers			How related to deceased		Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

(15)

How long

Immediate

Inflammation

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

D. M. Dayman
Doggettown
Doggettown, Md

Accident or Suicide?

No.

Shepherdstone

Name
in
Full

✓
TO BE ANSWERED BY
NEAREST FRIEND

Cornelia Myung

Died at Sharpsburg, York County

CERTIFICATE OF DEATH

State
MARYLAND

Date of death	1906	Month	10	Day	21	Age	66	Years	66	Months	11	Days
Sex	Female		Color or Race	White		Birth-place	Sharpsburg					
Occupation	House Wife		Where Residing if not at place of death	Sharpsburg								
Married, Single or Widowed			Name of Wife or Husband	Henry C. Myung								
Father's Name	John Brinas		Father's Birthplace	Sharpsburg								
Mother's Maiden Name	Dont know		Mother's Birthplace	Dont know								
Name of person giving Information	Lucinda H. Gift		How related to deceased	Daughter								

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular Heart Disease

79

How long

Years

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

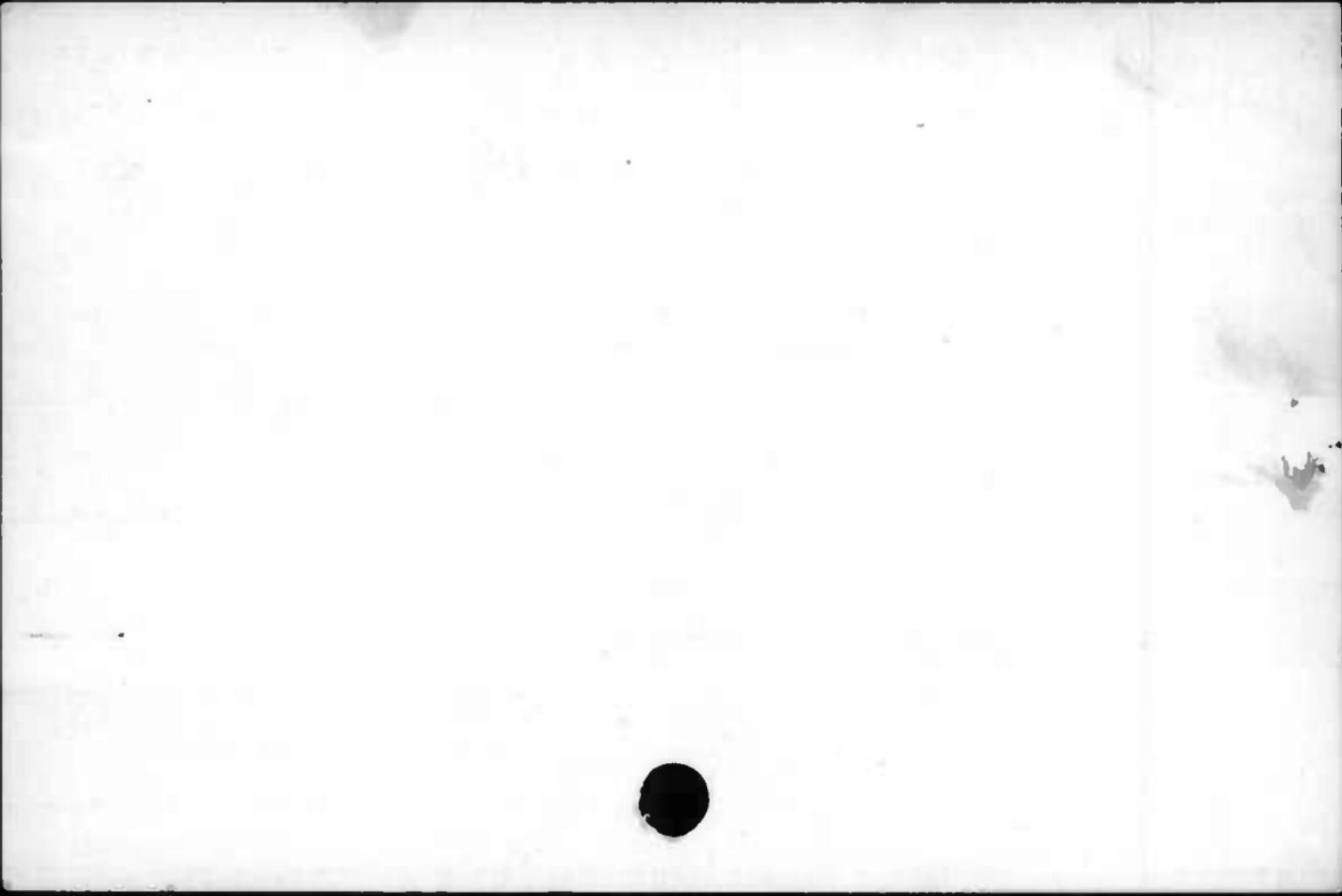
Yes

Signature of Physician

Address

E. M. Garrett,
Sharpsburg, Md.

Accident or Suicide?



Name
in
Full

Jacob L. Myers

CERTIFICATE OF DEATH

✓
TO BE ANSWERED BY
NEAREST FRIEND

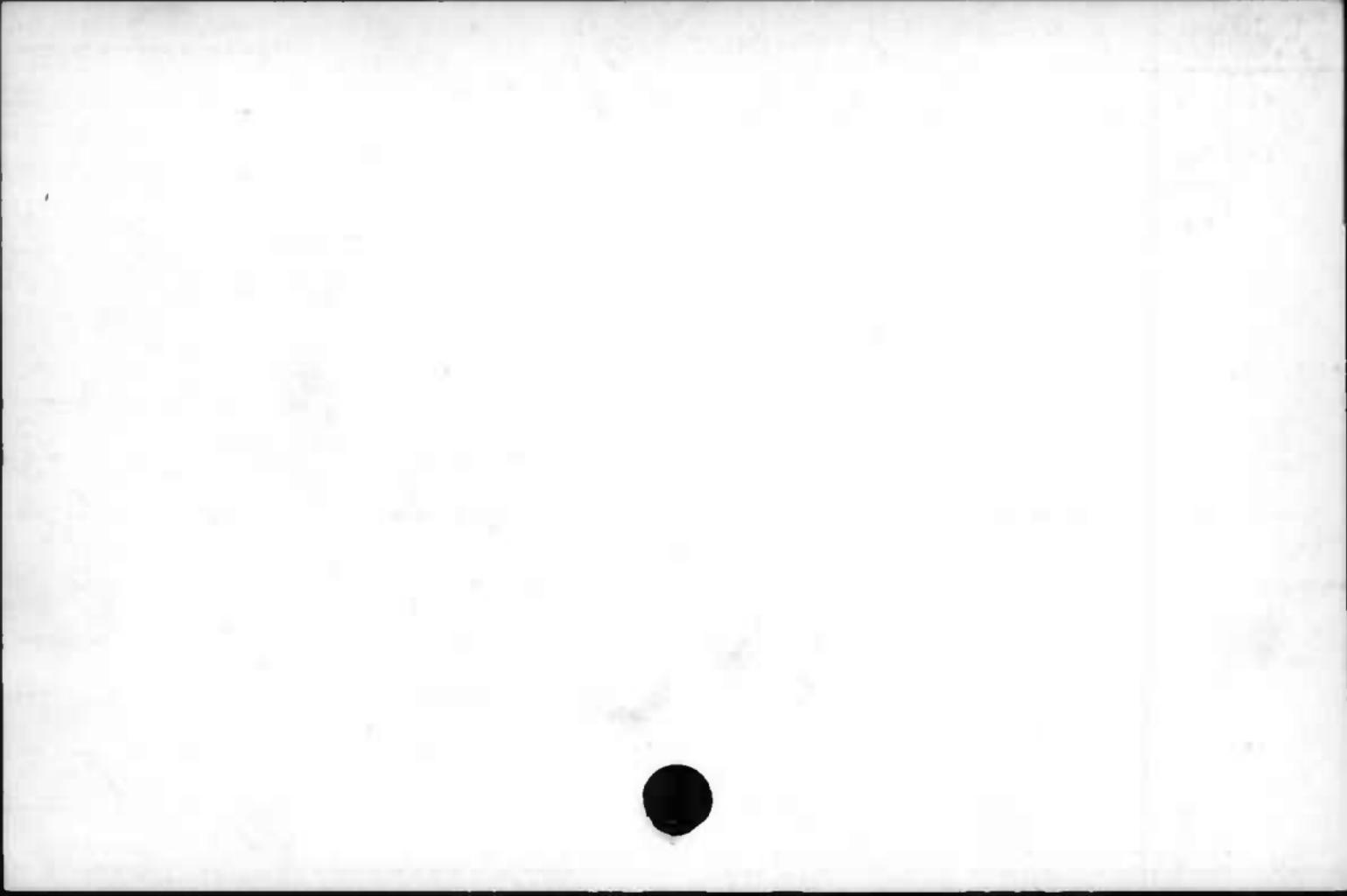
Died at	Town Reedysville	County Wash	MARYLAND
Date of death	Month Dec	Day 21	Years 52
Sex	Male	Color or Race White	Months of 26
Occupation	Where Residing if not at place of death Reedysville		
Married, Single or Widowed	Married	Name of Wife or Husband Anna Reeder	
Father's Name	Jno. N. Myers		
Mother's Maiden Name	Melinda Snyder		
Name of person giving Information	E. N. Myers son		
	W.W.		
	How related to deceased Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Head & Throat	
Immediate	Asphyxia	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician S. S. Davis
		Address Boonsboro

Accident or Suicide?



Name
in
Full

Frank Russell Reno

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 12	Day 17	Years 16	Months 7	Days 2
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Student					Where Residing if not at place of death
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Robert Bruce Murray Reno					Father's Birthplace Pa
Mother's Maiden Name	Laura E. Robinson					Mother's Birthplace Ma
Name of person giving information	L. B. M. Reno					How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Suicide (Hanging)

How long

Immediate

Strangulation

How long

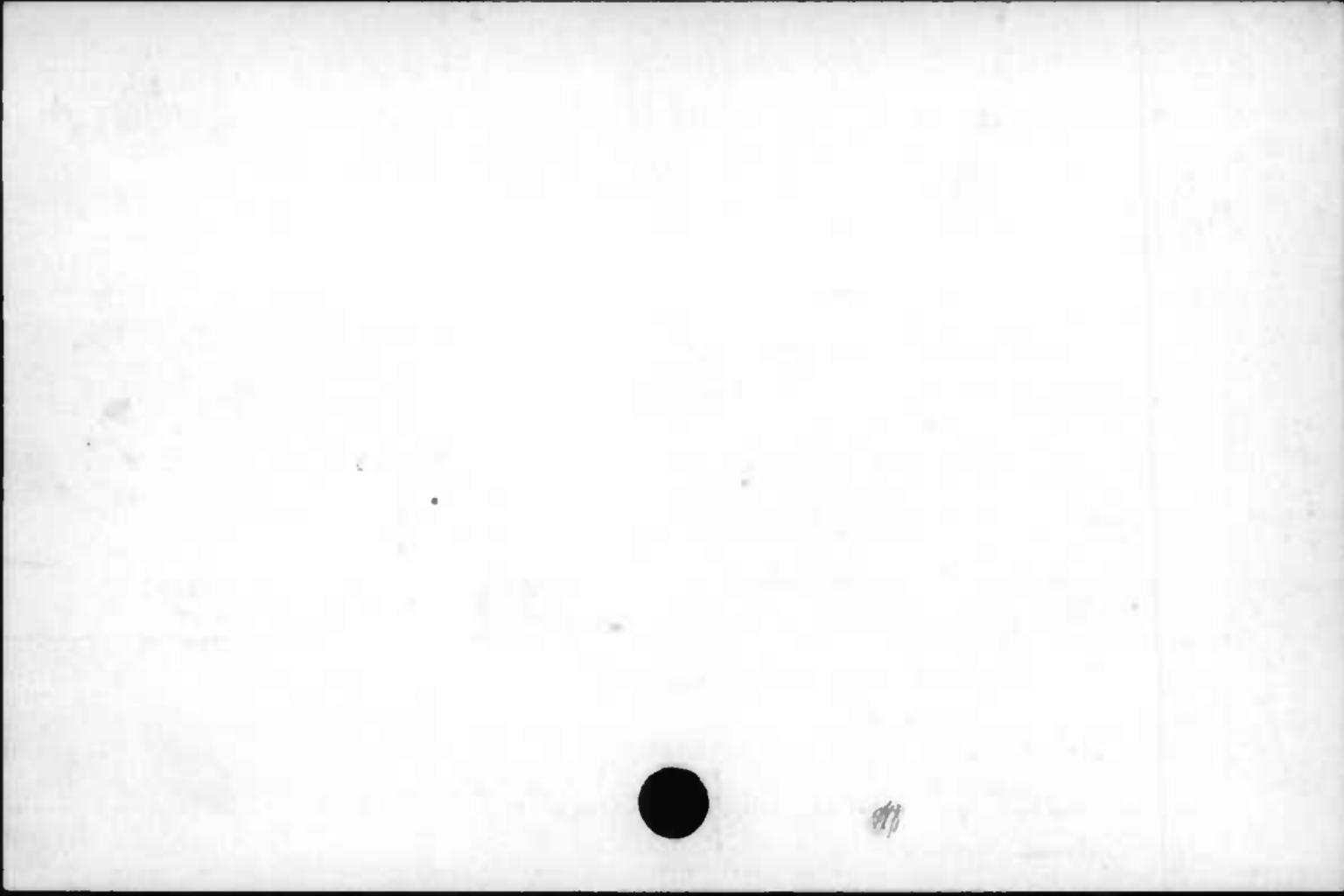
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. J. Warkcom
Keyser Ave

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Ridenour				CERTIFICATE OF DEATH			
Died <u>near Hagerstown</u>		Town	County	MARYLAND			
Date of death 1906	Month 12	Day 26	Years 59	Months	Days		
Sex male	Color or Race white	Birth-place Md.					
Occupation Laborer	Where Residing if not at place of death						
Married, Single or Widowed widower	Name of Wife Mrs Mary Ridenour	Father's Birthplace					
Father's Name Samuel Ridenour	Husband	Mother's Birthplace					
Mother's Maiden Name		How related to deceased					
Name of person giving information	Albert Heard	none.					

CAUSES OF DEATH

Primary

Ophthisis Pulmonalis

How long

3 yrs.

Immediate

Obstruction

How long

Are the name, age, sex, color, date and place correctly given above?

yes

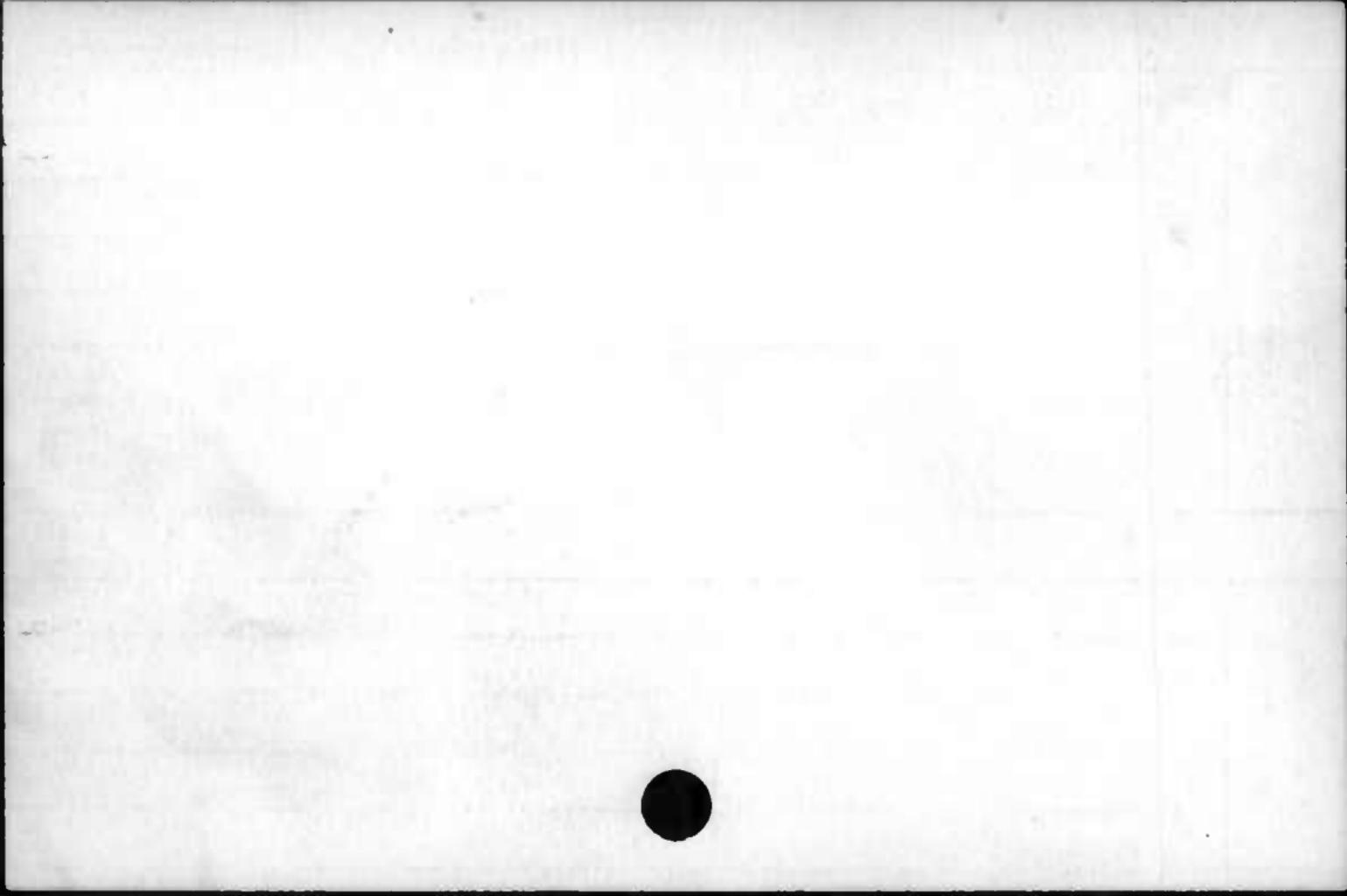
Signature of Physician

Address

Momona
Hagerstown Md

Accident or Suicide?

no



Name
in
Full

Margaret Beatrice Rittenour

CERTIFICATE OF DEATH



To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hagerstown	Wash.			
Date of death	Month	Year	Months	Days	
1906	12	16	3	13	
Sex	Color or Race	Age			
Female	white	3			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single	William J. Rittenour				
Father's Name	Father's Birthplace				
William J. Rittenour	Va.				
Mother's Maiden Name	Mother's Birthplace				
Nettie Lauterbach					
Name of person giving Information	How related to deceased				
W. J. Rittenour	Father.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria
Toxemia

9

How long

1 week

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

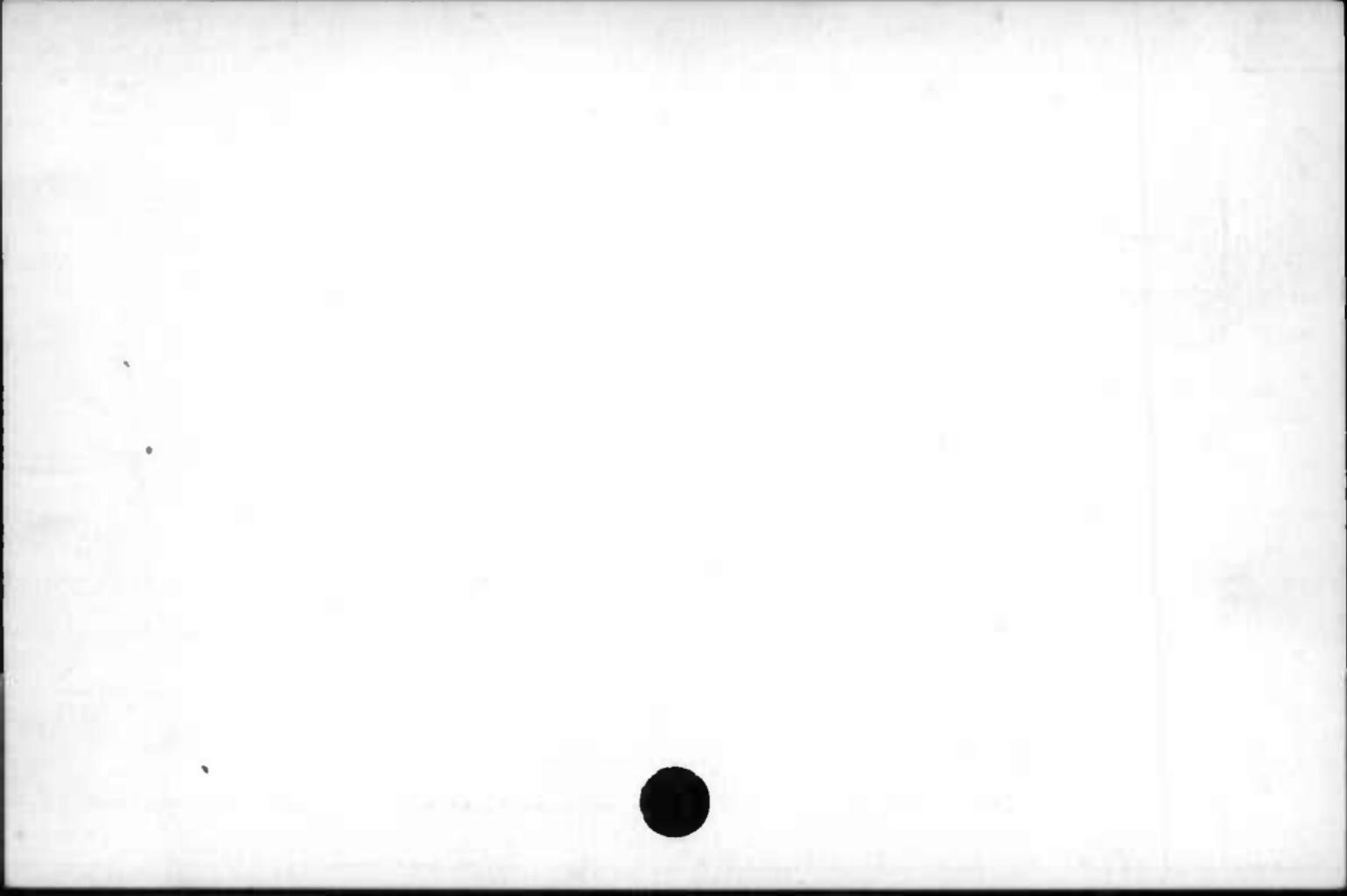
Signature of Physician

Address

M. M. Rittenour
Hagerstown, Md

Accident or Suicide?

No



Name
In
Full

Martha Jane Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1906	12	21	79	79	11	28	
Sex	Female	Color or Race	white	Birth-place	New York.		
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Widow		Abner Ingraham					
Father's Name	Abner Ingraham			Father's Birthplace	New York		
Mother's Maiden Name	Amelia Maxwell			Mother's Birthplace	New York.		
Name of person giving information	Old Gardner			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Initial Stenosis

How long

for two yrs

Immediate

Bronchitis Acute

How long

three days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. E. Pitmeagle
Hagerstown
Md

Accident or Suicide?

Mich,

Name
in
Full

Still born child of Calvin & Ida Shank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Hagerstown</u>		Town	County <u>Washington</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>12</u>	Day <u>27</u>	Years	Months	Days	
Sex	Color or Race	<u>white</u>		Birth-place	<u>Md.</u>	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband			Father's Birthplace	<u>Md.</u>	
Father's Name <u>Calvin Shank</u>				Mother's Birthplace	<u>Md.</u>	
Mother's Maiden Name <u>Ida Speppard</u>				How related to deceased	<u>Father.</u>	
Name of person giving information <u>Calvin Shank</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born How long

Immediate How long

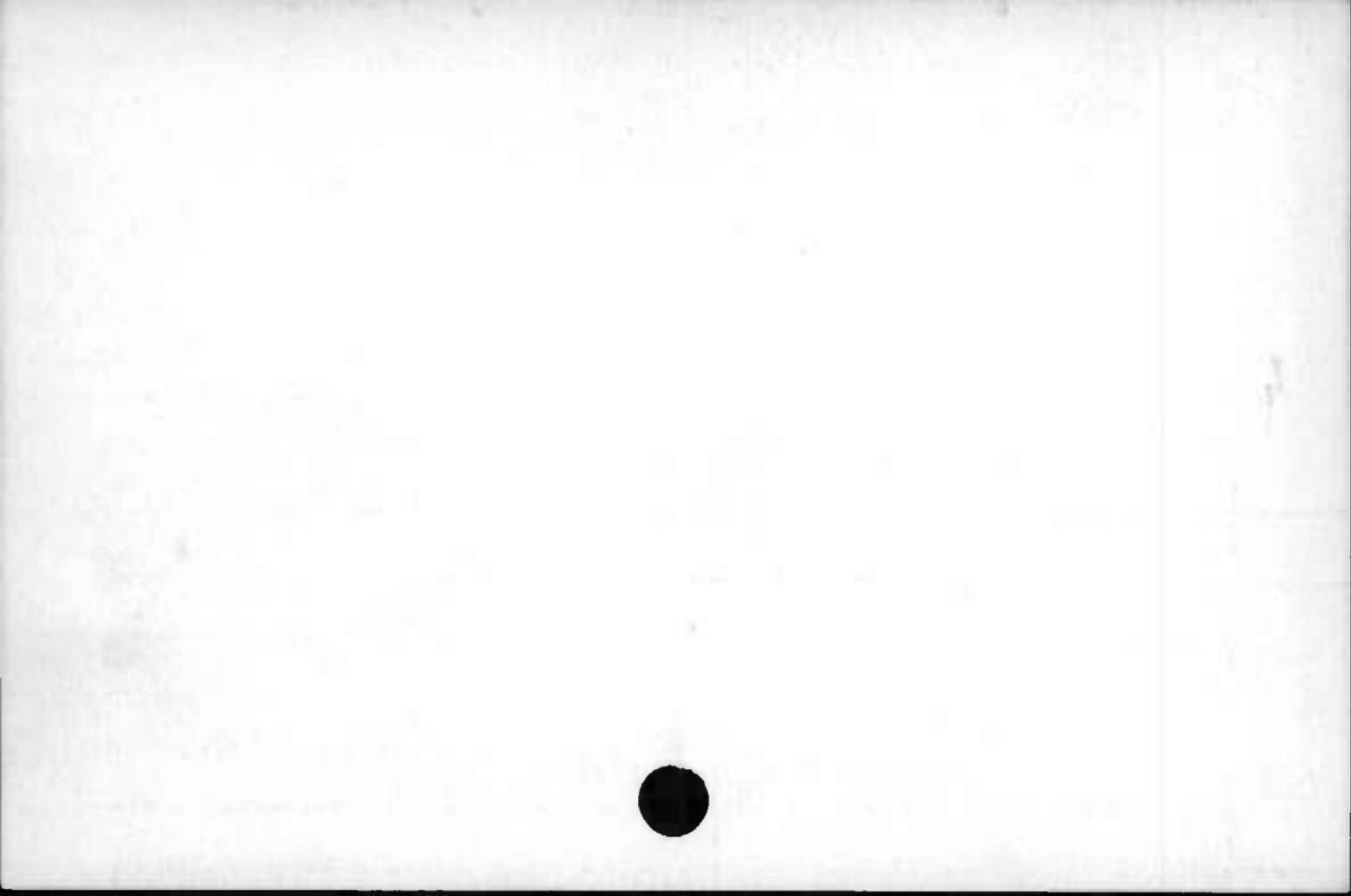
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A.P. Shaffer

Address

Accident or Suicide?



Name
in
Full

Samuel C. Shives

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			
Died at Near Hancock 15	St. Marys			
Date of death 1906 Dec 13	Month Day	Years	Months	Days
Sex Male	Color or Race White	Age 30	died at house.	
Occupation Laborer	Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband			
Father's Name Jacob. Shives	Father's Birthplace Md.			
Mother's Maiden Name Mrs Jacob Shives	Mother's Birthplace Md.			
Name of person giving information Carl Green	How related to deceased Friend.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis (D) three years

Immediate Hemorrhages

How long

one week.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. C. Waller
Hancock, Md.

Accident or Suicide?

7

1



Name
in
Full

Mrs Annie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> <small>own</small>		County <u>Washington</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>12</u>	Day <u>29</u>	Age <u>88</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>md</u>	Days
Occupation <u>House work</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>James Smith</u>				
Father's Name <u>Jonas Palmer</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Elyzabell Hutzell</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Mrs James Woltz</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Anxiety

154

How long

3 weeks

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Mo Mormon

Address

Hagerstown md.

no

Accident or Suicide?

Boonsboro

Name
in
Full

Catharine V. Smith

CERTIFICATE OF DEATH

✓
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Sharpenburg</u>		Town <u>Washington</u>		County <u>MARYLAND</u>	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>17</u>	Age <u>59</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Greencastle</u>			
Occupation	Where Residing if not at place of death				
Married, Single <u>Widow</u>	Name of wife or Husband <u>John P. Smith</u>	Father's Birthplace <u>Greencastle</u>			
Father's Name <u>Andrew Snively</u>	Mother's Birthplace <u>"</u>				
Mother's Maiden Name <u>Mary Snively</u>	How related to deceased <u>Husband</u>				
Name of person giving information <u>John P. Smith</u>					

CAUSES OF DEATH

Primary

Lobar Pneumonia

(93)

How long

About one wk

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. M. Garrett
Shenandoah, Mich

Accident or Suicide?

Chas. S. Wade
undertaker

Name
in
Full:

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Still Born Infant Snyder						CERTIFICATE OF DEATH	
Died at Hancock		Town	County		MARYLAND		
Date of death	1906	Month DEC	Day 23	Years	Months	Days	
Sex	Male	Color or Race	Age	White	Birth-place	Hancock Md	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Samuel Snyder					
Mother's Maiden Name		Chlorie Easton					
Name of person giving information		John Easton					
CAUSES OF DEATH							
Primary	Asphyxia Neonatorum 15D						How long
Immediate							How long
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		J. A. West	
				Address		Hancock	
Accident or Suicide?				No		Md	

Dr West

Otho Myers Speidle

CERTIFICATE OF DEATH					
Died at <u>Blair's Valley</u> Town			County <u>Washington</u>		
Date of death <u>1906 Dec 25</u>	Month <u>Dec</u>	Day <u>25</u>	Years <u>25</u>	Months <u>2</u>	Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Blair's Valley Md</u>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Sarah E Speidle</u>				
Father's Name <u>Otho Myers</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Sarah E Speidle</u>			Mother's Birthplace <u>Md</u>		
Name of person giving Information <u>Cha Speidle</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

Primary

Inanition

Immediate

Exhaustion

151

How long

10 weeks

How long

24 hrs.

Are the name, age, sex, color, date and place correctly given above?

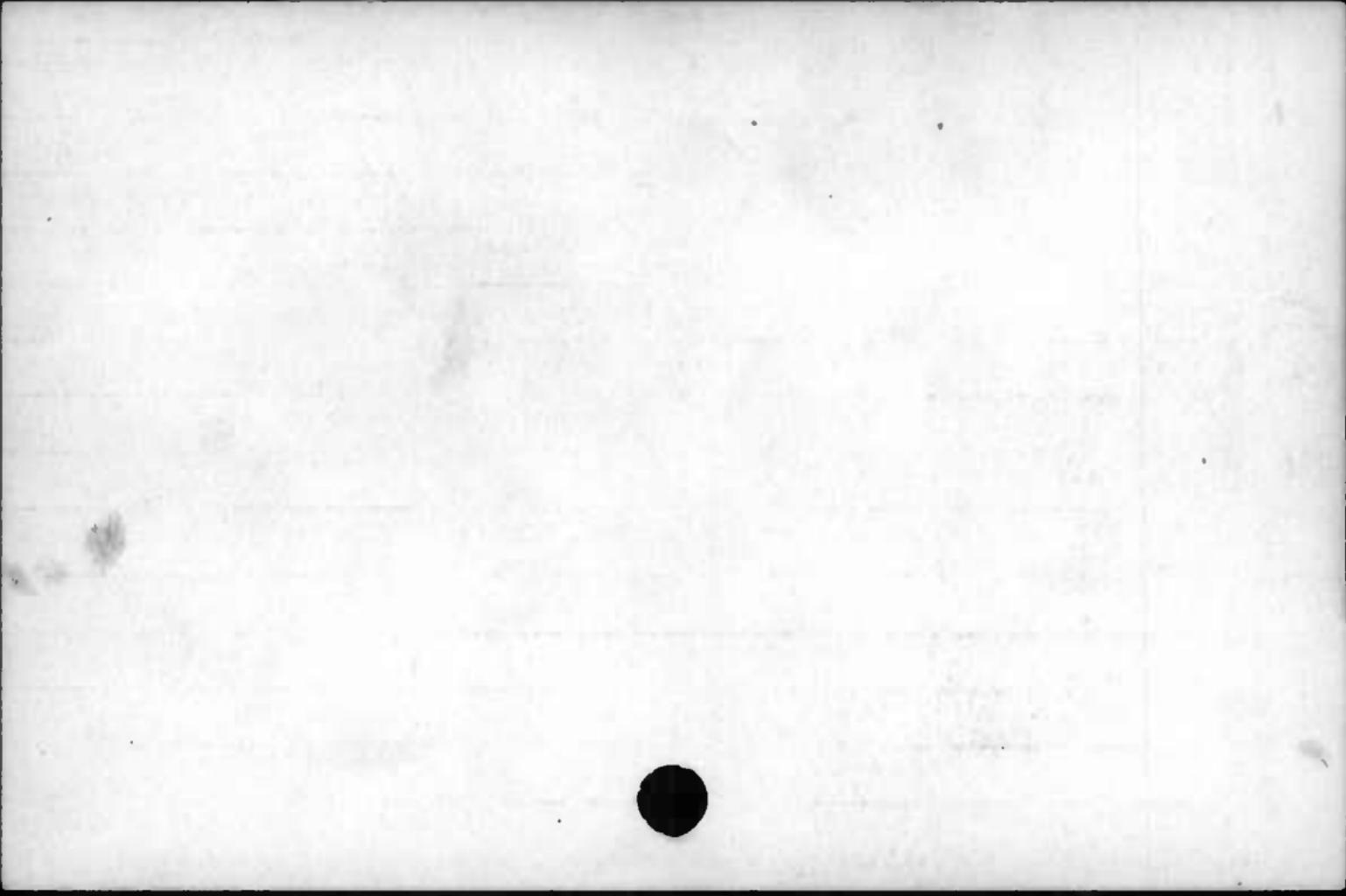
Signature of Physician

L. J. Mason, M.D.

Address

Clearsprings Md.

Accident or Suicide?



Name
In
Full

William R Spessard

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Hagerstown		County	Maryland	
Date of death	1906	Month 12	Day 29	Years 74	Months — Days —
Sex	Male	Color or Race	white	Birth-place	mid
Occupation	Court Lawyer			Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Susan Spessard		
Father's Name	John Spessard			Father's Birthplace	mid
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Elmer E. Spessard			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

Tuesday's

Immediate

Paralysis

How long

Tuesday's

Are the name, age, sex, color, date and place correctly given above?

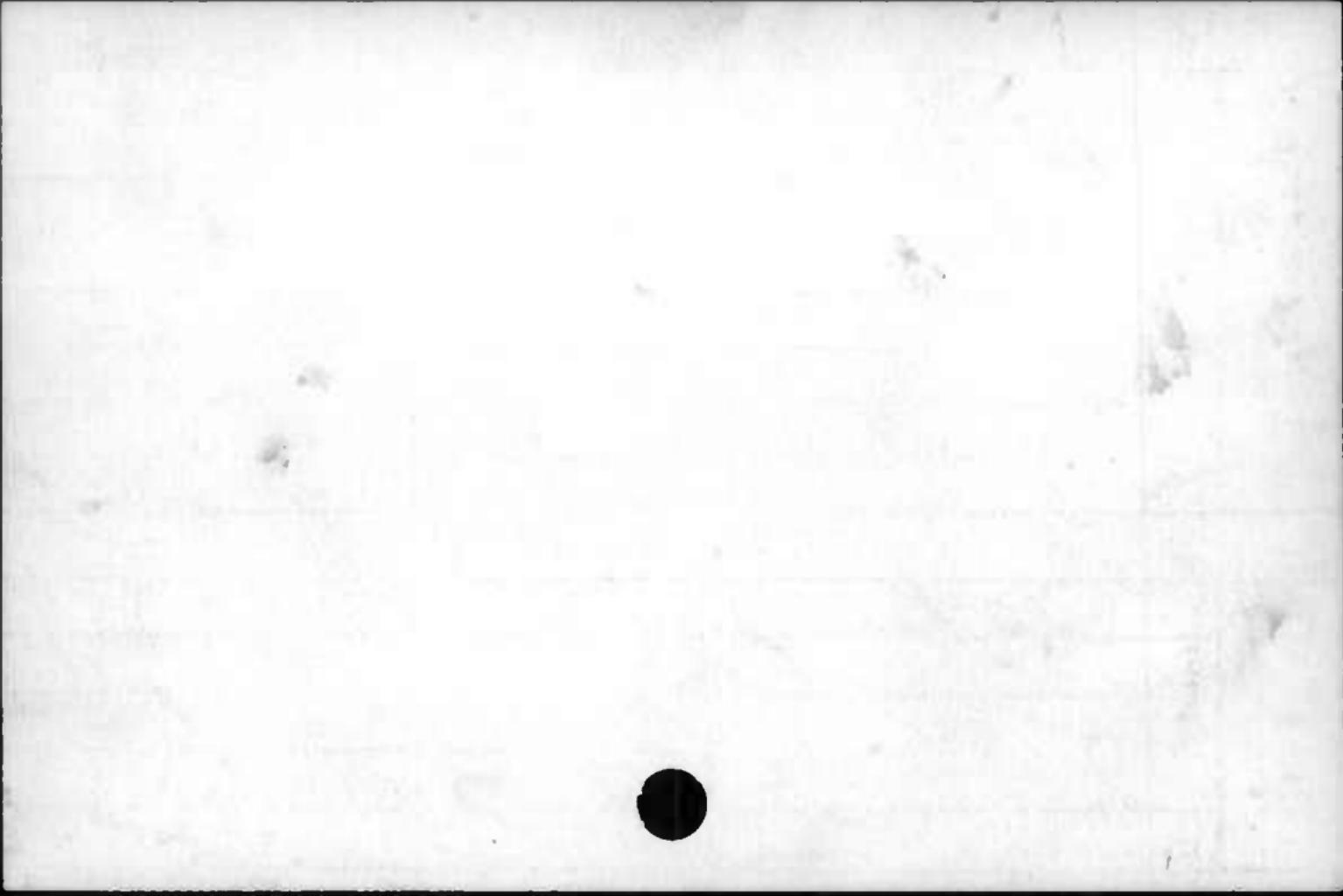
Signature of Physician

J. E.

Address

Chas B. Baile
Hagerstown

Accident or Suicide?



Name
In
Full

George M. Stonebraker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hagerstown	wash.			
Date of death	Month	Day	Years	Months	Days
1906	12	7	60		
Sex	male	Color or Race	white	Birth-place	Md.
Occupation	Insurance agent	Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Mrs Florence V Stonebraker		
Father's Name	Samuel Stonebraker		Father's Birthplace	Md.	
Mother's Maiden Name	Margaret Penneel		Mother's Birthplace	Penns.	
Name of person giving information	Levin C. Stonebraker		How related to deceased	son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Interstitial nephritis*

Immediate *Dilatation of heart*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J.W. Huminhouse

Hagerstown

Accident or Suicide?

Md.



Name
In
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

<p>Robert L. Thomas</p>						
Died at		Town	County		MARYLAND	
Date of death	1906	Month Dec.	Day 10th	Years Age 34	Months 5	Days 18
Sex	Male	Color or Race	Colored		Birth- place	Md.
Occupation	Waiter.	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Bertha Brown		Bertha Brown	
Father's Name	Oliver Thomas	Father's Birthplace Md.				
Mother's Maiden Name	Hensetta Thomas	Mother's Birthplace Md.				
Name of person giving Information	Bertha Brown	How related to deceased Wife.				
CAUSES OF DEATH						
Primary	Subcyclosis, (2)			How long 2 yrs.		
Immediate	Exhaustion. (2)			How long 3 mos.		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Address	
Yes			G.P. Scheeler,		Hagerstown, Md	
Accident or Suicide?						

Highway

Ressey J. Minamaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Nic. Mill		Wash. Co				
Date of death	1906	Month Dec.	Day	Age	Years 73	Months
Sex	Male	Color or Race	Smile -		Birth-place	Montgomery
Occupation	Miller		Where Residing if not at place of death		—	
Married, Single or Widowed	Married	Name of Wife or Husband	Ann E.			
Father's Name	John Minamaker				Father's Birthplace	red
Mother's Maiden Name	Hildie Shoop				Mother's Birthplace	dead
Name of person giving Information	Ann E. Minamaker				How related to deceased	dead

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apolysis of
Cerebral Hemorrhage

How long

24 hr

Immediate

How long

"

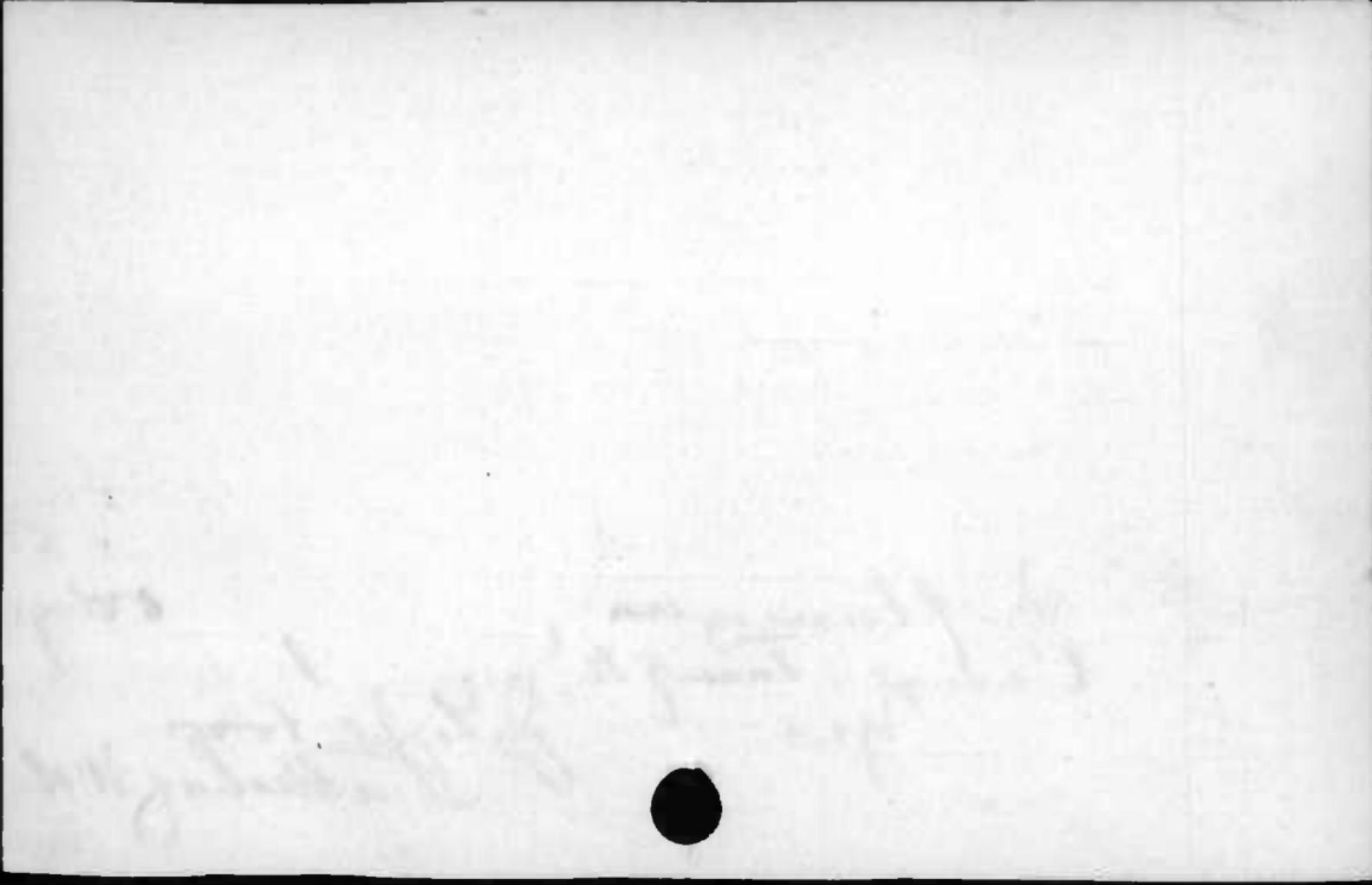
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. S. Davis
Boonesboro

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kenswick</u>		Town	County <u>Washington</u>		MARYLAND	
Date of death <u>1906 Dec 21</u>	Month <u>Dec</u>	Day <u>21</u>	Years <u>Age 3</u>	Months <u>2</u>	Days <u>24</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md.</u>				
Occupation <u> </u>	Where Residing if not at place of death <u>Died at home.</u>					
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>					
Father's Name <u>James Smith Webster</u>	Father's Birthplace <u>St Britain</u>					
Mother's Maiden Name <u>Sarah A. Gray</u>	Mother's Birthplace <u>West Va.</u>					
Name of person giving Information <u>J. S. Webster</u>	How related to deceased <u>Father.</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Asphyxia from Drowning How long 1 hour

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

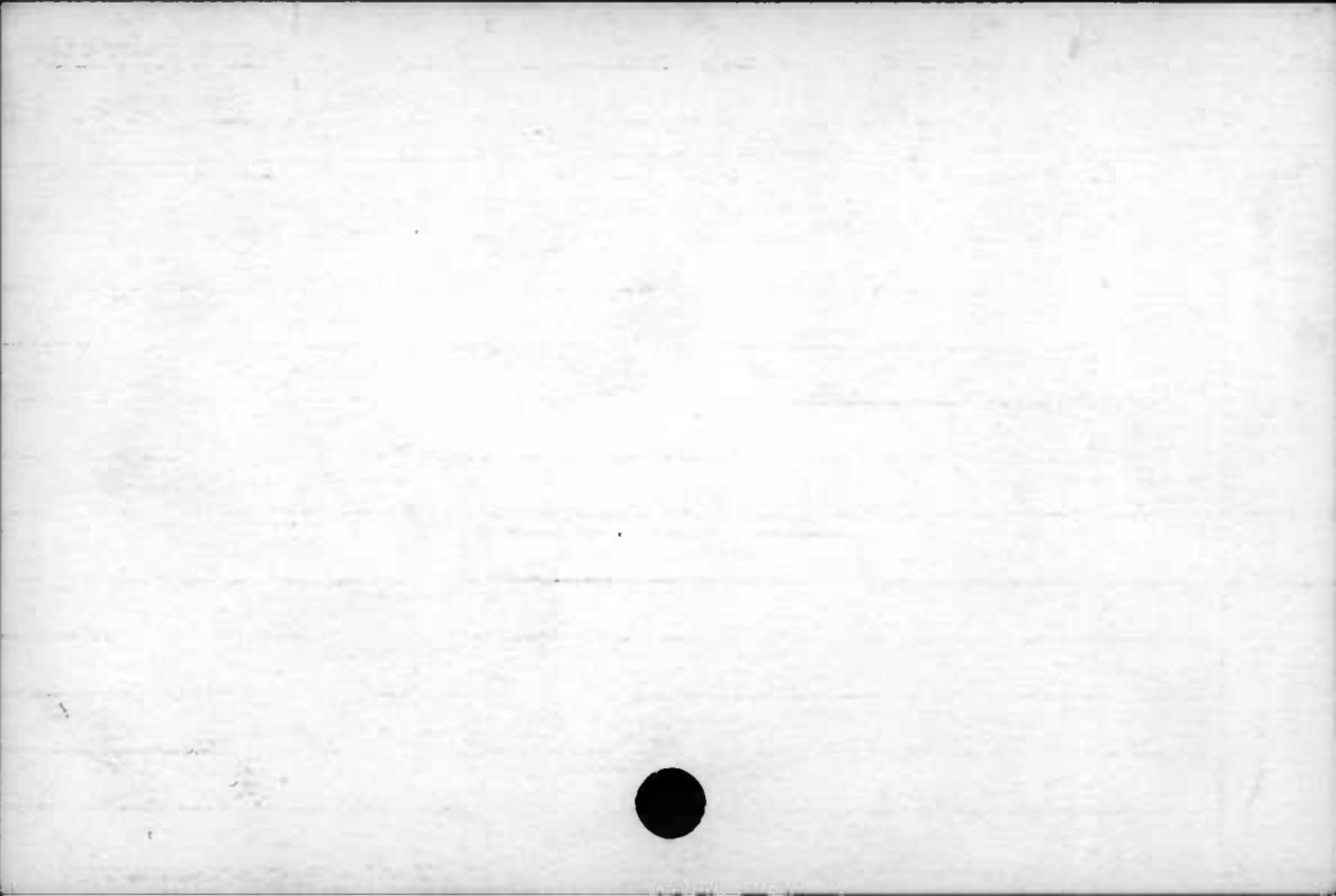
Yes

Signature of Physician

Address

J. A. West,
Kenswick

Accident or Suicide? Accident



Name
In
Full

Thelma. Romane. Middle.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dear Edgemont</u>		Town <u>Washington</u>		County <u>Washington</u>		MARYLAND	
Date of death	1906	Month	12	Day	24	Years	
Age		Color or Race	<u>White</u>	Birth- place	<u>Edgemont</u>	Months	2
Sex	<u>Female</u>	Occupation	<u>None</u>	Where Residing If not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	<u>Daniel Middle</u>		Father's Birthplace	<u>Wash D.C.</u>			
Mother's Maiden Name	<u>Lewis Alice Hall</u>		Mother's Birthplace	<u>Fred. Co.</u>			
Name of person giving Information	<u>Daniel Middle</u>		How related to deceased	<u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Influenza

How long

6 days

Immediate

Coughs two of the lungs

How long

10 hours

Are the name, age, sex, color, date
and place correctly given above?

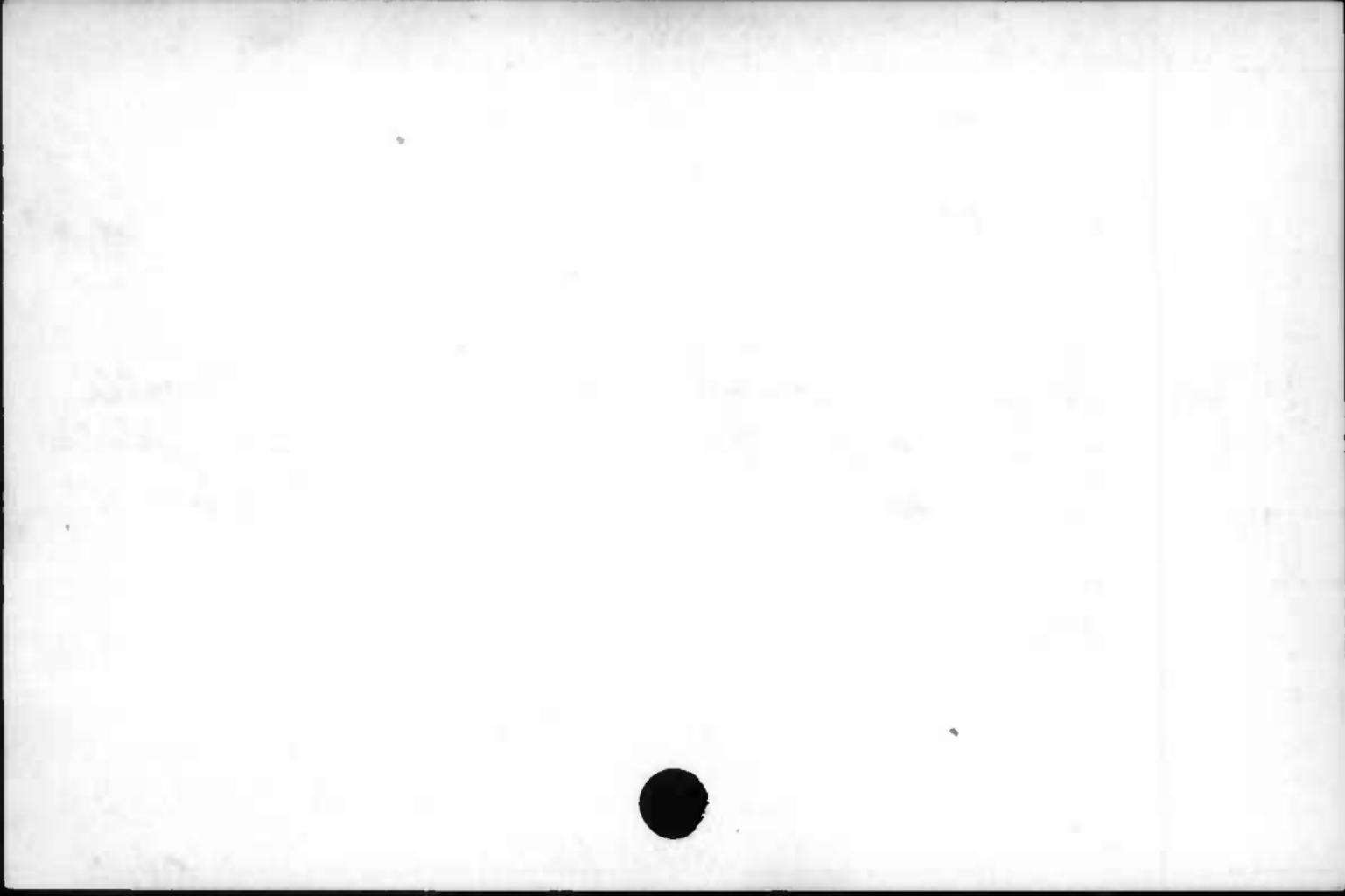
Yes

Signature of
Physician

Address

J. L. Darby
Southbury Md

Accident or Suicide?



Name
in
Full

Rebecca Wolford

CERTIFICATE OF DEATH

✓
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Downsville		Wash			
Date of death	Month	Day	Years	Months	Days	
1906	12	26	80	11	5	
Sex	Female		Color or Race	White		Birth-place
Occupation						Wolfville, Md. Co.
Married, Single or Widowed	Widowed		Name of Wife or Husband	Downsville.		
Father's Name	Peter Gornickle.					Father's Birthplace
Mother's Maiden Name	Rebecca Hanver.					Mother's Birthplace
Name of person giving information	Isaac Long					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

(66)

How long

one week

How long

Immediate

Prostration

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. Richardson

Williamsport Md.

Accident or Suicide?

RFD #22



~~Mr. W. S. Richardson~~

~~Williamsport~~
~~MD~~

Dr. Clegg
Poste #22

Name
in
Full

Flakay, Irene, Gordon

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Smithsburg</u> Date of death <u>1904</u>		Month <u>12</u>	Day <u>30</u>	Age <u>Years</u>	Months <u>3</u>	Days <u>21</u>
Sex <u>Female</u>	Occupation <u>—</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>near Smithsb</u>			
Married, Single or Widowed	Name of Wife or Husband <u>—</u>					
Father's Name <u>Thomas Gordon</u>	Father's Birthplace <u>Baltimore</u>					
Mother's Maiden Name <u>Florence Bragard</u>	Mother's Birthplace <u>Boonsboro</u>					
Name of person giving information <u>Florence Gordon</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Indigestion & Heart</u>	How long <u>3 weeks</u>
Immediate <u>Exhaustion</u>	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*J. L. V. said
she died last*

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
1904	12	17	75	8	8	12
Sex	Color or Race	White				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Dighton Wright					
Mother's Maiden Name	Giffy Redenour					
Name of person giving Information	Elaine Bryant					

CAUSES OF DEATH

Primary

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

How long

How long

died suddenly

Submitted MD

Hagerstown MD

Accident or Suicide?

